

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 12 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019140

1. Corporation Name

COMPLETE Dry wall and Framing Inc.

2. Principal Office Address

8623 N lagoon Dr

Suite, Apt. #, etc.

A6

City & State

Panama City Beach

Zip

32408

Country

USA

3. Mailing Office Address

8623 N lagoon Dr.

Suite, Apt. #, etc.

A6

City & State

Panama City Beach

Zip

32408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/2000

5. FEI Number

593632986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2003-2005 Rm

7. Name and Address of Current Registered Agent

Name

Greg Jordan

Street Address (P.O. Box Number is Not Acceptable)

8623 N lagoon Dr.

Suite, Apt. #, Etc.

A6

City

Panama City Beach

State
FL

Zip Code

32408

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Greg Jordan

Date 05/12/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Greg Jordan	8623 N lagoon Dr A6	Panama City Beach fl. 32408

600055656216
06/02/05--01029--013 **458.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Greg Jordan

Greg Jordan

05/12/05

850 276 2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2012

I Greg Jordan DBA Complete
Drywall and Framing Inc. did not
recieve notices of Annual Report
Because of moving to another
location.

Greg Jordan

Complete Drywall and Framing Inc.