

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000029578

1. Corporation Name

A B Drywall Corporation

FILED
03 MAY -T PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

12049 SE County Rd 424

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleview FL 34420

City & State

Zip

34420

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

3-18-03 01055 001

1750.00

7. Name and Address of Current Registered Agent

Name

Alan Boatright

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

4470 SE 150th St.

Suite, Apt. #, Etc.

City

Summerfield

300017805403

05/01/03--01025--005 **150.00

300017805403

05/01/03--01025--005 **150.00

State

FL

Zip Code

34491

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

Alan Boatright

Date

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
Pres	Alan Boatright	4470 SE 150th St	Summerfield FL 34491

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)(i), 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:

Alan Boatright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #