


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 41647

1. Corporation Name

Karr Drywall, Inc.

2. Principal Office Address

1455 Railhead Blvd

Suite, Apt. #, etc.

#27

City & State

Naples FL

Zip

34110

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

65-100081-0

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roel Karr

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

1455 Railhead Blvd. #27

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

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

[Signature]

Date 11-18-03

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
PO	Regino Karr	1455 Railhead Blvd.	Naples FL
VTD	Roel Karr	SAME	SAME
VSD	Reynol G. Karr	SAME	SAME

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-03

Daytime Phone #

CR2E081 (10/02)

Karr Drywall, Inc.
1455 Railhead Blvd #27
Naples, FL 34110

November 18th, 2003

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: Corporation admin dissolution for annual report

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non filing of UBR.. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address changed and we never received notice.

We are enclosing a check in the amount of \$150.00, fee for 2003. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,

Regino Karr

Regino Karr
President
Karr Drywall, Inc.

+ P.S. we are including \$150.00 to cover 2004