


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000046058**

1. Corporation Name

GOVEAS' DRYWALL, INC.

Principal Place of Business

**5425 CARLTON STREET
NAPLES FL 34113**

Mailing Address

**5425 CARLTON STREET
NAPLES FL 34113**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/2000

5. FEI Number

593645662

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GOVEA, SALVADOR	5425 CARLTON STREET	NAPLES FL 34113
V	GOVEA, DOMINIC	5425 CARLTON STREET	NAPLES FL 34113

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GOVEA, SALVADOR
5425 CARLTON STREET
NAPLES FL 34113**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-13-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GOVEAS' DRYWALL INC.

5425 CARLTON ST.
NAPLES, FL 34113

November 14, 2001

To whom it may concern:

I received a notice of dissolution of the Incorporation last week.

I called your department and the person I spoke to said to send the one hundred and fifty dollars (\$150.00), since I haven't received a notice before. Mail could of been sent to Carlton Avenue instead of Carlton Street.

*Thank you,
Salvador Govea*