

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PM 2:43

DOCUMENT # P00000067609

1. Corporation Name

JAM DRYWALL ACCESSORIES, INC.

800065562708

02/10/06--01006--005 **750.00

REINSTATEMENT
CR2E081 (12/05)

02-06

2. Principal Office Address

672 SW STILLMAN AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

Zip
34953

Country

ST LUCIE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/2000

5. FEI Number

65-0991205

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

JOHN PACELLA

Street Address (R.D. Box Number is Not Acceptable)

672 SW STILLMAN AVE

Suite, Apt. #, Etc.

City

PORT ST LUCIE, FL

State

FL

Zip Code

34953

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

REGISTERED AGENT MUST SIGN

Date 1/17/2006

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.T.S	JOHN PACELLA	672 SW STILLMAN AVE	PORT ST LUCIE, FL 34953

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 contained in Chapter 119, 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 #

JOHN PACELLA

7/17/2006 772-216-9409

1/16/06

772-216-9409

772-216-9409

1/27aw

1/16/6 2/2

To Whom it May Concern,

Jim Drywall moved from 1287/1291
N.W. Biltmore St. in 2001. I never received
a REIN FORM since then. Please, accept
this reinstatement form along with my check
for 750⁰⁰ to reinstate.

Thank you,

John Pacella
JOHN PACELLA
Jim Drywall.