

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001-2002
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108126

1. Corporation Name

Wallboard Services, Inc.

2. Principal Office Address

8504 E. Adams Dr

Suite, Apt. #, etc.

Suite E

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Office Address

PO Box 1556

Suite, Apt. #, etc.

City & State

Valrico FL

Zip

33595

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/06

5. FEI Number

59-3682549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400004930744--6

-02/15/02--01045--023

*****300.00 *****300.00

7. Name and Address of Current Registered Agent

Name

Richard D. Biddle

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

3901 Valrico Grove Dr.

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

400004930744--6

-02/15/02--01045--024

*****8.75 *****8.75

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

2-14-02

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	Richard D Biddle	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-02 813/477-1835

CR2E081 (9/01)

WALLBOARD SERVICES INC.

PO BOX 1556
VALRICO, FL 33595
PH: (813) 681-3587
Fax: (813) 681-9387

February 14, 2002

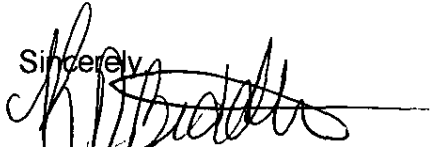
Florida Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

RE: Reinstatement Fee

To Whom It May Concern:

We were informed today at the Florida Department of Revenue that our Corporation was inactive. Upon checking with your department we had not filed our Uniform Business Reports. The address they had given us as to where they were sent (333 Faulkenburg) was incorrect and we never received the forms. We were never presented them to file and therefore ask that the Reinstatement fee be waived. Your understanding and assistance is most appreciated.

Sincerely,



Richard D. Biddle