

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000115762

1. Corporation Name

UNITED DRYWALL OF FLORIDA, INC.

Principal Place of Business

1500 SAND RD
TALLAHASSEE FL 32310

Mailing Address

1500 SAND RD
TALLAHASSEE FL 32310

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

12/19/2000

5. FEI Number

59-3689534

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COLVIN, WAYNE	1500 SAND RD	TALLAHASSEE FL 32310

300004687543--8
-11/19/01--01050--028
****150.00 ****150.00

8. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S ESQ
ROSE, SUNDSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/01 (850) 524-0577

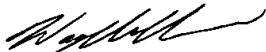
2012

October 23, 2001

To Whom It May Concern:

Last week I received a Notice of Administrative Dissolution. This is the first correspondence that I have received from your office. As per phone conversation with Mark Corbette I am inclosing check for \$150.00 for this years fees. I hope that this will be adequate.

Thank You,



Wayne D. Colvin, Pres.
United Drywall of Florida, Inc.