

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 15 PM 12:59

DOCUMENT # P01000007112

1. Corporation Name

Citrus Drywall + Insulation, Inc.

03/23/04--01064--001 **900.00

2. Principal Office Address

4990 S. Suncoast Blvd.

Suite, Apt. #, etc.

City & State

Homosassa Florida

Zip

34446

Country

USA

3. Mailing Office Address

PO Box 1820

Suite, Apt. #, etc.

City & State

Homosassa Springs, FL

Zip

34447

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-17-2001

5. FEI Number

59-3708470

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

Troy C. Mathewson

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

6587 Ost West St.

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34446

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]

REGISTERED AGENT MUST SIGN

Date 3-15-04

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
D	TROY C. Mathewson	6587 Ost West St.	Homosassa, FL 34446
T	MaryBeth Phillips	6674 Ost West St.	Homosassa, FL 34446

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:

MaryBeth Phillips / MaryBeth Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-2004

Daytime Phone #

352-621-3253

CP2E081 (01/04)