PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

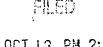
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000013661

1. Corporation Name

E&M DRYWALL, INC.



03 OCT 13 PM 2:40

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Principal Place of Business Mailin			Mailing Addr	ess		A	0			
				336 TIMBRUCE LN PORT CHARLOTTE FL 33952						
· ·								STATEME		200
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							0 45 P 18 19 1	79 8 74 9 9 7 18 18 18 18 18 18 18 18 18 18 18 18 18	0 Duc	4113
				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/06/2001			
			Suite, Apt. #,				5. FEI Number Applied For			
City & State			City & State					65-1073618		Not Applicable
Zip Country			Zip Country				6. CERTIFICATE OF STATUS DESIRED Cor 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)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
P	BERTL, ERNEST			336 TIMBRUCE LN				PORT CHARLOTTE FL 33952		
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8. Name and Address of Current Registered Ager					nt 9. Name and Address of New Registered Agent Name					
} · · · · · · · · · · · · · · · · · · ·						Name				892
BERTL, ERNEST 336 TIMBRUCE LN				Street Address (P.			O. Box Number is Not Acceptable)			
PORT CHARLOTTE FL 33952					Suite, Apt. #, Etc.					
والمراجع المراجع					City State Zip Code				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. or 617.0505, F.S.										
Signature of Registered Agent Date Oct. 10, 2003 REGISTERED AGENT MUST SIGN										
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

Oct. 10, 2003 941-457
Date Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR