## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT

DOCUMENT #



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

P01000037678

1. Corporation Name

& R. DRYWALL CO. INC.

Principal Place of Business

Mailing Address

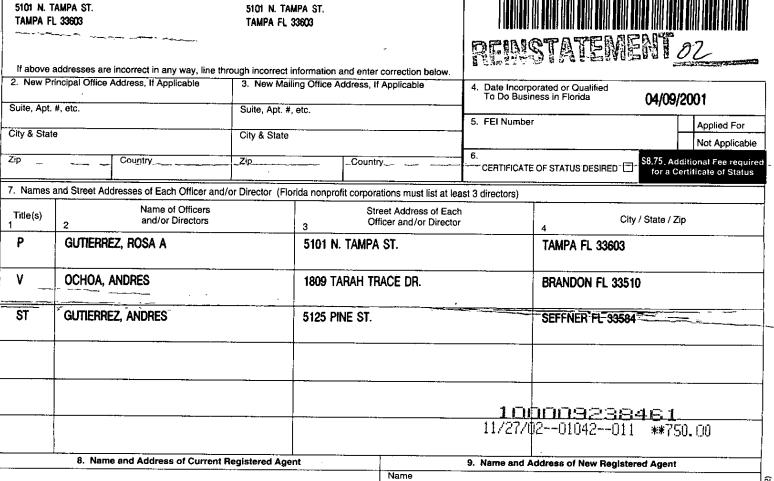
5101 N. TAMPA ST. TAMPA FL 33603

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SECRETARY OF STATE TALLAHASSEE, PLOYDA



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.

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.

Suite, Apt. #, Etc.

City

GUTIERREZ, ROSA A

5101 N. TAMPA ST. TAMPA FL 33603....

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

State Zip Code. \_

CR2E040