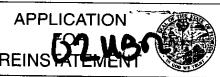
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000047539**

1. Corporation Name

GOOD LOOKING & WELL HUNG DRYWALL & METAL FRAMING, INC.

Principal Place of Business

512 PROVIDENCE BLVD. DELTONA FL 32725 Mailing Address

512 PROVIDENCE BLVD. DELTONA FL 32725 FILED

02 OCT 30 PM 4: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any way, line	through incorrect i	nformation and	enter correction below.				
			ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 05/07/2001			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #	#, etc.			U	3/07/20	U1
					-5FEI Numb			Applied For:
City & State		City & State	City & State			3718833		Not Applicable
Zip Country		Zip		Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of		onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit d	corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / St	tate / Zip	
PTD	HUMMER, WILLIAM		512 PROVIDENCE BLVD.			DELTONA FL 32725		
SVD	HUNNER, SHERRY		512 PROVIDENCE BLVD.			DELTONA FL 32725		
	,				- 30 10/30/	/ 00087107 /0201116014	63 **150	.00
					 .			
				10 10				
				R 11/1			11180	
8. Name and Address of Current Registered Agent				t g.		9. Name and Address of New Registered Agent		
				Name				
512 PF	er, William Rovidence Blvd. Na Fl 32725		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
				City	<u> </u>	State	Zip Cod	le
10. I, being	appointed the registered agent of the al	oove named corpo	ration, am fami	liar with and accept the o	bligations of Secti		⊥	
Signature of Registered A	o man	Jum	men	UIRED				
REGISTERED AGENT ML						Date		
11. I certify t	hat I am an officer or director or the rec	eiver or trustee em	powered to exe	ecute this application as p	provided for in cha	pter 607 or 617, F.S. I further	certify that	t 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ate Daytime Phone #

October 23, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Notice of Administrative Dissolution for Good Looking & Well Hung Drywall & Metal Framing, Inc. 512 Providence Blvd:

Deltona, FL 32725

Document # P01000047539

Dear Ladies & Gentlemen,

Please find enclosed an application for reinstatement for the above named corporation. I am requesting abatement of the \$600. reinstatement fee due to reasonable cause. This is the first complete year of my corporation and I am still learning all the filing requirements that go along with it. This is the first notice I have received as it relates to the annual filing fee. After receiving this notice, my accountant has informed me about the filing requirements and the \$150. annual filing fee due by May 1st. Now that I am informed about this annual filing requirement, all future filings will be timely.

I am enclosing a check in the amount of \$ 150. to cover the filing fee for the year 2002.

I thank you in advance for your careful review an cooperation regarding this matter. Please contact me and advise me as to the action being taken to resolve this.

Very Truly Yours,

William Hummer, President

enclosures (2)