

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047539

1. Corporation Name

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

Principal Place of Business

Mailing Address

512 PROVIDENCE BLVD.  
DELTONA FL 32725

512 PROVIDENCE BLVD.  
DELTONA FL 32725



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3718833

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	HUMMER, WILLIAM	512 PROVIDENCE BLVD.	DELTONA FL 32725
SVD	HUNNER, SHERRY	512 PROVIDENCE BLVD.	DELTONA FL 32725

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUMMER, WILLIAM  
512 PROVIDENCE BLVD.  
DELTONA FL 32725

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. or 617.0505, F.S.

Signature of  
Registered Agent

*W. Hummer*  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

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 1<sup>st</sup>. 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 and cooperation regarding this matter.  
Please contact me and advise me as to the action being taken to resolve this.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "William Hummer", written in a cursive style.

William Hummer, President  
enclosures (2)