

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 31 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT 03**

DOCUMENT # PO1000048367

1. Corporation Name

CWM Drywall, Inc.  
5628 Crest Creek Drive  
Jacksonville, FL 32258

2. Principal Office Address

5628 Crest Creek Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32258

Country

Duval

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

100024378451  
11/03/03--01051--015 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3718821

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

Beth W. Patterson, CPA, PA

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

1304 Glengarry Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

*Beth W Patterson*

REGISTERED AGENT MUST SIGN

Date 10/28/03

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     |
|--------|-----------------------------------|--|------------------------|
| P      | Clint Miller                      | 5628 Crest Creek Drive                         | Jacksonville, FL 32258 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

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)(f), 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:

*Clint Miller*

Clint Miller

Date

10/30/03

Daytime Phone #

(904) 334-8930

CFR2081 (10/02)