PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03
100024652671
11/13/03--01061--030 **500.00

100024652644
11/13/03--01061--029 **250.00

DOCUMENT # P01000065989

1. Corporation Name
TROPICAL TEXTURES & DRYWALL, INC.

2. Principal Office Address	3. Mailing Office Address
1287 SUMMIT RUN CIR.	P.O. BOX 212511
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH	City & State: ROYAL PALM BEACH
Zip: 33415 Country: PALM BEACH	Zip: 33421-2511 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business In Florida: 7-3-2001

5. FEI Number: 65-1119212 ☐ 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: ROBERT W. KIRK, JR.
Street Address (P.O. Box Number is Not Acceptable): 1287 SUMMIT RUN CIRCLE
Suite, Apt. #, Etc.:
City: WEST PALM BEACH State: FL Zip Code: 33415

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: [signature] Date: 11/10/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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	ROBERT W. KIRK, JR	1287 SUMMIT RUN CIRCLE	WEST PALM BEACH, FL 33415
V, S, T	RICHARD STANFIELD	10653 DALMANY WAY	ROYAL PALM BEACH, FL 33411

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)(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] 11/10/03 (561) 471-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #