

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000011368</b> 1. Entity Name <b>INTEGRITY DRYWALL, INC.</b>				<b>FILED</b> <b>05 DEC -2 AM 11:43</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <del>10661 AIRPORT PULLING RD., STE. 16</del> <del>NAPLES, FL 34109</del>		Mailing Address <del>10661 AIRPORT PULLING RD., STE. 16</del> <del>NAPLES, FL 34109</del>		 11282005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business <b>350 5TH AVE South</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>Suite 1201</b>		Suite, Apt. #, etc. <b>SAME</b>			
City & State <b>NAPLES, FL</b>		City & State <b>SAME</b>			
Zip <b>34102</b>		Country <b>USA</b>		4. FEI Number <b>04-3703609</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>COTTER, TIMOTHY J PA</b> <b>900 9TH ST. S, STE. 103</b> <b>NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>CANADA, ARTHUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 NORTH LAKE DRIVE</b> City <b>NAPLES</b> FL Zip Code <b>34102</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANADA, ARTHUR <input type="checkbox"/> Delete 250 NORTH LAKE DRIVE NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400061872864</b> <b>12/05/05--01002--015 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>ARTHUR CANADA</b> 11-28-05 239-643-3449 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					