

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702A0001102 P02000020352

1. Corporation Name FREEDOM DRYWALL, INC.

JK

REINSTATEMENT 2003

500025695935
12/23/03--01004--010 **758.75

2. Principal Office Address

4106 W. OSBORNE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15515

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33614

Country

U.S.A.

Zip

33684

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2-22-02

5. FEI Number

020553600

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

DENNIS BELLNIER

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

4106 W. OSBORNE AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

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

Dennis Bellnier

Date 12-18-03

REGISTERED AGENT MUST SIGN

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
PRES.	DENNIS BELLNIER	4106 W. OSBORNE AVE.	TAMPA, FL. 33614
SEC.	AMY BELLNIER	4106 W. OSBORNE AVE.	TAMPA, FL. 33614

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:

Dennis Bellnier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-03

Daytime Phone #

813 350 9406

CR2E081 (10/02)