

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:29

DOCUMENT # P02000039457

1. Corporation Name

BRIAN BROCK DRYWALL TEXTURE INC.

REINSTATEMENT 05-06

700082100267  
11/28/06--01033--013 \*\*300.00

2. Principal Office Address

18441 AKINS DR.

3. Mailing Office Address

18441 AKINS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

Zip

34610

Country

USA

Zip

34610

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2002

5. FEL Number

470859578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 75. Additional fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ALL FLORIDA FIRM INC

Street Address (P.O. Box Number is Not Acceptable)  
465 S VOLUSIA AVE

Suite, Apt. #, Etc.  
SUITE C

City  
ORANGE CITY

State  
FL

Zip Code  
32763

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Devin Newman - Assistant  
REGISTERED AGENT MUST SIGN

Date 11/21/2006

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
PTSM	BRIAN BROCK	18441 AKINS DR.	SPRINGHILL FL 34610

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 contained in Chapter 119, 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:

Devin Newman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

**Brian Brock- P02000039457**  
**BRIAN BROCK DRYWALL TEXTURE INC.**  
**11/21/2006**

**To whom it may concern,**

**I am enclosing my reinstatement form for my corporation. I never received the renewal notification for the years of 2005 and also 2006. The instructions for reinstatement indicate that if I did not receive notice, to put this in writing and the reinstatement fee would be waived.**

**Thank you for your assistance in this matter.**

**Sincerely,**  
**Brian Brock**

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