## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC -2 AM 9:49

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT #** P02000039457

1. Corporation Name  BRIAN BROCK DRYWALL TEXTURE INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address				•	-		`	
18441 AKINS SPRINGHILL		18441 AKINS DR. SPRINGHILL FL 34610						
If above ac	ddresses are incorrect in any way, line th	ough incorrect in	nformation and ente	r correction below.	REIN	STATEMEN	03	
	ncipal Office Address, If Applicable		3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #	#, etc-	Suite, Apt. #, etc.			04/11/2002 5. FEI Number Applied For			
City & State	<b>)</b>	City & State			47 - 085 9578 Not Applicable			
Zip	Country	Zip	Coun	try	6. CERTIFICATI		Additional Fee required _ a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors		Street Address of Eac Officer and/or Director			City / Stat	e / Zip	
P	BRIAN BROCK		18441 AKINS[		)e	Spring hill	1 F/A 3460	
+	BRIAN BROCK		SAME		12702/	Spling hill 0002515524 03-01028-004 *	*150.00	
5	BRIAN BROCK		SAME					
m	BRIAN BROCK		SAME					
C	BRIAN BEOCK		SAME					
$\mathcal{D}$	BRAN BROCK		SAME					
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent			
BROCK, BRIAN 18441 AKINS DR.					Name			
				Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.				
				City		State   FL	Zip Code	
10. I, being	appointed the registered agent of the ab-	ove named corpo	oration, am familiar	with and accept the ol	bligations of Sect	ion 607.0505, F.S. or 617.0505,	F.S.	
Signature of Registered A	Agent Branch	ECISTERED AC	ENT MUST SIGN			Date	-03	

REGISTERED AGENT MUST SIGN

11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dear Sirs;

I am writing to let you know that I did not receive any prior UBR notices. And I am inclosing \$150.00 to be reinstated. Thanking you in advance for your consideration.

**Brian Brock** 

Brian Brock Drywall Texture Inc.