

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB -3 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Robert Tomlinson Drywall Inc.

PO20000039869

2. Principal Office Address

8588 Lenox Ave.

Suite, Apt. #, etc.

City & State

Jax., FL

Zip

32221

Country

USA

3. Mailing Office Address

8588 Lenox Ave.

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32221

Country

USA

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/2002

5. FEI Number

680496397

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 Tomlinson

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

8588 Lenox Ave

Suite, Apt. #, Etc.

City

Jax, FL

State

FL

Zip Code

32221

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

Robert Tomlinson

REGISTERED AGENT MUST SIGN

Date

1-31-04

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
President	Robert Tomlinson	8588 Lenox Ave	Jax, FL 32221

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:

Robert Tomlinson Robert Tomlinson D. 1-31-04 (964) 226-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR26081 (10/02)

TR