

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 25 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P-02000112177  
Maxum Drywall, INC.

2. Principal Office Address

1340 Prince Philip Dr.

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-17-02

5. FEI Number

01-0748160

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

**7. Name and Address of Current Registered Agent**

Name

Michael Hill

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

1340 Prince Philip Drive

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

Michael Hill

REGISTERED AGENT MUST SIGN

Date

3-3-04

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
P	Michael Hill	1340 Prince Philip Drive	Casselberry, FL 32707

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hill

Date

3-3-04

Daytime Phone #

CR2E081 (10/02)

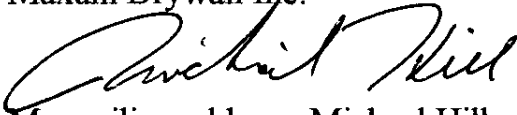
March 3, 2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom it May Concern:

I recently spoke to someone at your office and I am needing to reinstate my corporation. I did not receive a notice that I needed to reinstate or a corporate annual report so I honestly had no idea that I needed to do so and that I owed a fee. I am sending a check for this reinstatement in the amount of \$300.00 which will cover the 2003 and 2004 fees per my conversation with a representative at your office. If there are any questions please call me at 407-695-2035. Thank you for your help in this matter.

Michael Hill  
Maxum Drywall Inc.



My mailing address: Michael Hill  
1340 Prince Philip Drive  
Casselberry, Florida 32707