


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000121531

1. Corporation Name

COLUMBIA DRYWALL SERVICE, INC.

2. Principal Office Address 1113 SE Lesliewood Lane		3. Mailing Office Address 1113 SE Lesliewood Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lulu, FL		City & State Lulu, FL	
Zip 32061	Country USA	Zip 32061	Country USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 11/12/2002

5. FEI Number
45-0519719

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
John E. Norris

Street Address (P.O. Box Number is Not Acceptable)
Norris & Foreman, P.A., 253 NW Main Blvd.

Suite, Apt. #, Etc.

City
Lake City

State
FL

Zip Code
32055

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  REGISTERED AGENT MUST SIGN

Date 11/02/2006

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
PD	Wendell B. Harden	1113 SE Lesliewood Lane	Lulu, FL 32061
DS	Harden, Wesley	1113 SE Lesliewood Lane	Lulu, FL 32061
AS	Harden, Suzanne	1113 SE Lesliewood Lane	Lulu, FL 32061

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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:  Wendall B. Harden, President 11/02/2006 386/752-6370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/12/06