PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLORIDA DEPARTMENT OF STATE . Secretary of State Division of Corporations	FILED 04 OCT 25 PM 3: 02
DOCUMENT # PD200013 2091 1. Corporation Name LANCES DOCUMENT	SECRETARY OF STATE TALLAHASSEE, FLORIDA
5701 LUCKA SAVACE NO	REMSTATEMENT 04
2. Principal Office Address 3. Mailing Office Address 3. Mailing Office Address	300042165343 1072570401082-516***150.00
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida
Zip Country Zip Country	5. FEI Number Applied For Not Applicable
33567 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name	
Street Address (B.O. Roy Mumber in Not Accordable)	
Suite, Apt. #, Etc.	
4	
on Bradoon, FL.	State Zip Code FL 33311
8. I, being appointed the registered agent of the above named conforation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Decision of the above named conforation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Date Date	
REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors City/ State / Zip	
THE VEFF SANGE STOLLEN	
	\$ 10/50
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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 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 SID TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

Jeff Stanjesti Drywall Inc.
5401 Luckasavage Red
Plant City, Fla. 33567

To Whom it may concern,

Disame and in esitor a Courses I

On 10-19-04 of Sasplution of may Conferation.

I have not received any renewal information notice for 2004 & am sending Corporation Reinstatement away with a check for the amount of \$150.00

Shankyou.

Document Number: P02000132091

Jet Stanch