

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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06 JUN -9 PM 2:39

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000019987

1. Corporation Name

Altamonte Drywall and Stucco,  
Inc.

2. Principal Office Address

1257 Depugh St.

Suite, Apt. #, etc.

3. Mailing Office Address

1257 Depugh St.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/2003

5. FEI Number

☒ 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 Mike II

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

20 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 1309

City

Orlando

State  
FL

Zip Code  
32801

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 Mike II

Date 6/8/06

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Johnny Day, Jr.	1257 Depugh St.	Altamonte Springs, FL 32701
S/D	Walter M. Day	868 Alexander Ave.	Deltona, FL 32725
D	J. George Hardy	1421 S. Bonough St.	Tallahassee, FL 32307

REINSTATEMENT

Due by 12/6/06

06/20/06--01064--006 \*\*450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/08/06 (850) 312-1194  
Date Daytime Phone #

11257 Depugh St.  
Altamonte Springs, FL 32701  
June 08, 2006

Re: Annual Report Notice for 2004

To Whom It May Concern:

I did not receive an annual report  
notice for 2004 for Altamonte  
Drywall and Stucco, Inc.

John Day, Jr.  
6/08/06