PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 AM 11:38

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900161893929
10/19/09--01046--003 **150.00
CR2E081 (12/06)

DOCUMENT #

1. Corporation Name
FOSTERS DRYWALL INC
D/N P03000044055

2. Principal Office Address - No. P.O. Box #
221 CAROLINA AVE

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE

Zip 33312 Country BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 58266959 3 ☐ 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
ALVIN FOSTER

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

Suite, Apt. #, Etc.

City
FT LAUDERDALE

State FL Zip Code 33312

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 ALVIN FOSTER Date 10-12-09
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	ALVIN FOSTER	221 CAROLINA AVE	FT LAUDERDALE FL 33312
VP	VIC FOSTER	221 CAROLINA AVE	FT LAUDERDALE FL 33312

09 13 10 20 11

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: ALVIN FOSTER ALVIN FOSTER 10/12/09 9542140855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #