

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 SEP 20 PM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000055605

1. Entity Name  
ROCK-IT DRYWALL, INC.



Principal Place of Business  
5455 WORTHINGTON LN  
APT #204  
NAPLES, FL 34110

Mailing Address  
5455 WORTHINGTON LN  
APT #204  
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142006

REIN-P

CR2E098 (11/05)

4. FEI Number  
56-2360683

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFEBURE, DANNY  
5455 WORTHINGTON LN  
APT #204  
NAPLES, FL 34110

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME LEFEBVERE, DANNY  
STREET ADDRESS 5455 WORTHINGTON LN APT #204  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition  
NAME 100080187551  
STREET ADDRESS 09/25/05--01063--027 \*\*308.75  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME LEFEBVERE, HENRI PAUL  
STREET ADDRESS 2028 SAINT MARY CT.  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-06

Date

239 825 9636

Daytime Phone #