


PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 13 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P03000058996					
<b>1. Corporation Name</b> Richard & Son Drywall, Corp.					
<b>2. Principal Office Address</b> 1809 SW 107 AV			<b>3. Mailing Office Address</b> 1809 SW 107 AV		
<b>Suite, Apt. #, etc.</b> 2707			<b>Suite, Apt. #, etc.</b> 2707		
<b>City &amp; State</b> Miami, FL			<b>City &amp; State</b> Miami, FL		
<b>Zip</b> 33165		<b>Country</b> U.S.A.		<b>Zip</b> 33165	
		<b>Country</b> U.S.A.			

04-05

OCT 13 2005

<b>4. Date incorporated or Qualified To Do Business in Florida</b> 5/29/03
<b>5. FEI Number</b>
<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Richard Trewin	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1809 SW 107 AV	
<b>Suite, Apt. #, Etc.</b> 2707	
<b>City</b> Miami	<b>State</b> FL
<b>Zip Code</b> 33165	

**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** Richard Trewin **Date** 10/8/05

**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
PD	Richard Trewin	1809 SW 107 AV #2707	Miami, FL 33165
VD	Richard A. Trewin	1809 SW 107 AV #2707	Miami, FL 33165

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10/18/05--01051--022 \*\*300.0

**10. I certify that I am an officer or director of 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)(f), 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:** Richard Trewin **Date:** 10/8/05

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Daytime Phone #**

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**RICHARD & SON DRYWALL, CORP.**  
**1809 SW 107 AVE #2707**  
**MIAMI, FL 33165**  
**786.395.9895**

Ocober 08, 2005

Florida Department of State  
Division of Corporations

Re: **RICHARD & SON DRYWALL, CORP.**  
**P03000058996**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail, so thank you in advance for your time and consideration. 2004

1/2 2005

Sincerely, *Richard Trewin*

Richard Trewin  
President