## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000090487

1. Entity Name



APPHONEL AND FILEI)

06 APR -4 PM 2: 23

SW DRYWALL, INC.				SECF	RETARY OF S	IATE	
Principal Place of Business 5927 17TH ST E UNIT E BRADENTON, FL 34203		·		SECRETARY OF STATE TAILLAHASSEE, FLORIDA EINSTATEMENT OS-06 DOC			
2. Principal Place of Business 45/6 20th AURW 25/6 20th Aure.					13.LL iIII		
Suite, Api. #, etc.  Bradenton Fl Bradente			n, Fl	03312006	REIN-P	CR2E098 (11/05)	
City & State City & State				4. FEI Number Applied For 20-0162628 Not Applicable			
3420	5 Manates	3420 <b>5</b>	mana tee	5. Certificate	of Status Desired	S8.75 Ac	
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name				
2516 20TH	R, STEPHEN W JR AVE WEST	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
BRADENIC	ON, FL 34205						
			City			FL Zip Co	
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							
FILE NOW!!! FEE IS \$300.00					In accordance v corporation did	with s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	OFFICERS AND I	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-2IP	PT WHITAKER, STEPHEN W JR. 2516 20TH AVE WEST BRADENTON, FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4</b> 4.0 04/10	<b>00069</b> 9 1/0601087	974454° '015 **300	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREE1 ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Delste	TILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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 like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT							