


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000109520					
1. Entity Name R & J L DRYWALLING AND PAINT, INC					
Principal Place of Business 111 W FULLER STREET DAVENPORT, FL 33837			Mailing Address 111 W FULLER STREET DAVENPORT, FL 33837		
2. Principal Place of Business			3. Mailing Address <i>P.O. Box 583</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0276527	
6. Name and Address of Current Registered Agent LEWIS, ROBERT L 111 W FULLER STREET DAVENPORT, FL 33837				7. Name and Address of New Registered Agent	
				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 <i>Robert Lewis</i>				DATE <i>10-24-05</i>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
* FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 PRES	NAME LEWIS, ROBERT L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 111 W FULLER ST			NAME	200060967522	
CITY-ST-ZIP DAVENPORT, FL 33837			STREET ADDRESS	10/27/05--01043--004 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	NAME LEWIS, GLENNA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 111 W FULLER ST			NAME		
CITY-ST-ZIP DAVENPORT, FL 33837			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE DIR	NAME OMAR LEWIS OMAR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 111 W FULLER ST			NAME	DIR LEWIS OMAR	
CITY-ST-ZIP DAVENPORT FL. 33837			STREET ADDRESS	111 W FULLER ST.	
CITY-ST-ZIP			CITY-ST-ZIP	DAVENPORT FL. 33837	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert Lewis</i>			DATE: <i>Oct. 24, 2005</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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