

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB -3 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *Pa3000114261*

1. Corporation Name

*Capital City Drywall Inc*

2. Principal Office Address

*1148 Mt. Sinai Rd*

Suite, Apt. #, etc.

City & State

*Tallahassee, Florida*

Zip

*32311*

Country

*USA*

3. Mailing Office Address

*P.O. Box 7031*

Suite, Apt. #, etc.

City & State

*Tallahassee, Fla*

Zip

*32314-7031*

Country

*USA*

500065563565  
02/10/06--01008--013 \*\*450.00

T. Roberts FEB 03 2006  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*9/2004*

5. FEI Number

*364541260*

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

*Joseph Johnson*

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

*1148 Mt. Sinai Rd*

Suite, Apt. #, Etc.

City

*Tallahassee*

State

*FL*

Zip Code

*32311*

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

*Joseph Johnson*

Date *2-03-06*

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
<i>President</i>	<i>Joseph Johnson</i>	<i>1148 Mt. Sinai Rd</i>	<i>Tallahassee, FLA 32311</i>
<i>Vice President</i>	<i>Rutha Johnson</i>	<i>1148 Mt. Sinai Rd</i>	<i>Tallahassee, FLA 32311</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


*2-03-06 (850) 559-1285*

Date

Daytime Phone #

#P03-114261, it may concern, U/V  
to whom

I DID NOT receive the  
2004 notices. Please wave the  
re-registration fee.

A handwritten signature in black ink, appearing to read "John" followed by a stylized flourish.