## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAR 22 AM 8: 09
DOCUMENT # PO3000121463  1. Corporation Name		LURETARY OF STATE MULAHASSEE, FLORIDA
K-Day Drywall and Stucco, Inc.		
	g Office Address  3 Curry ave.	REINSTATEMENT 04-0
City & State City & State Orlando, Fla. Orla		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  Applied For
32812 Orange 328	12 Country Orange	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Kenneth Day  Street Address (P.O. Box Number is Not Acceptable)  1703 Curry are  Suite, Apt. #, Etc.		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
State Zip Code FL 32812  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 Date 3/16/2007 REGISTERED SENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director  Titles Name of	(Florida nonprofit corporations must list at le	
Titles Officers and/or Directors	Officer and/or Director	
100 100 100 100 100 100 100 100 100 100		04/05/0701006005 **750.00
		04/09/0701006006 **8.75
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 filling 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/16/2007 (467) 275 .9480  Date Dayline Phone #		

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