PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV 16 AM 10: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000122652

1. Corporation Name

MATHIS DRYWALL, INC

WO6-47927

10/31/06 01034 009 $758.75

CR2E081 (12/05)

2. Principal Office Address

315 Hillside DR.

Suite, Apt. #, etc.

3. Mailing Office Address

315 Hillside DR

Suite, Apt. #, etc.

City & State

Seffner FLA.

City & State

Seffney Fla,

Zip

33584

Country

Hillsbourgh

Zip

33584

Country

Hills,

4. Date Incorporated or Qualified
To Do Business in Florida 11/13/06

5. FEI Number

90-037-4877

☐ 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

LARRY MATHIS

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

315 HILLSIDE DR,

Suite, Apt. #, Etc.

600081879026
11/16/06--01072--002 **150.00

City

SEFFNER

State

FL

Zip Code

33584

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 Lary Mathis

REGISTERED AGENT MUST SIGN

Date 11/13/06

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
Pres,	Lary Mathis	315 Hillside DR,	Seffner Fla 33584
		REINSTATEMENT 05-06 11/17/06	

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: Lary Mathis   11/13/06   245-0982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #