

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 PH 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140537

1. Corporation Name

T. C. Barnes Drywall, Inc.

2. Principal Office Address

7513 Armstrong Rd

Suite, Apt. #, etc.

3. Mailing Office Address

7513 Armstrong Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32810

Country
USA

City & State

Orlando, FL

Zip

32810

Country
USA

REINSTATEMENT

CR2E081 (12/03)

0506

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/18/2003

5. FEI Number

56-2415165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED:

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael L. Crofts

01/12/06--01055--001 **900 00

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

172 W. Warren Ave

800063566638
01/12/06--01055--001 **900 00

Suite, Apt. #, Etc.

City
Longwood, FL 32750

State
FL

Zip Code
32750

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

Michael Crofts
REGISTERED AGENT MUST SIGN

Date January 6, 2006

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	T. C. Barnes	7513 Armstrong Rd	Orlando, FL 32810

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:

T. C. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 2006 407-247-2883

Date

Daytime Phone #