

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05192

06 APR -4 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/30/05 90028 002 166.



DOCUMENT # P03000141265 1. Entity Name CECIL STEPHENS DRYWALL, INC.	
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Principal Place of Business P.O. BOX 591 ALTURAS, FL 33820 US	Mailing Address P.O. BOX 591 ALTURAS, FL 33820 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 20-0865205	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent STEPHENS, CECIL 780 W. DAVIDSON ST. LOT 24 BARTOW, FL 33830	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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: Cecil Stephens (NOTE: Registered Agent signature required when reinstating) DATE: 3/29/06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEPHENS, CECIL 780 W. DAVIDSON ST., LOT 24 BARTOW, FL 33830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500073758635 05/02/06--01063--024 **168.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

05-06 DSC

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cecil Stephens Date: 3/29/06 Daytime Phone #: 963-205-3844

FROM : SMITH FOODPRIDE

PHONE NO. : 919 975 1695

Mar. 28 2006 06:00PM P1

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To Sunbiz:

I received no notices until after the May 1st deadline of 2005. I sent in my report along with a check for \$160.00. My check was cashed and I never received anything letting me know that I was being penalized. Therefore, I am asking that the late fees be waived and the check for \$168.75 of 2006 be accepted. I understand that \$8.75 of this check is for a certificate of certification. Please contact me if there are any further problems with my document number(PO3000141265).

Thank you,

Cecil Stephens
P.O. Box 591
Alturas Fl. 33820

