## 2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTAI	- Chille		
DOCUMENT # P03000145129  1. Entity Name PETTINGILL DRYWALL INC.			SECRETARY OF STATE DIVISION OF COSTORATIONS  06 JUL 11 AM 9: 05
Principal Place of Business 1532 S. FLORAL WAY APOPKA, FL 32703 US	Mailing Address 1532 S. FLORAL WAY APOPKA, FL 32703	US	RENSTATENENT 05-06
3771 G-RIGE ST Suite, Apt. #, etc.	3. Mailing Address 377/ G-Ri Suite, Apt. #, etc.	CE ST	05312006 REIN-P CR2E098 (11/05)
City & State  A PO PK A  Zip  Country  3 2 70 3  6. Name and Address of Current Rev	City & State A POPYA Zip 32-70-3 Distered Agent	Country CRANG	4. FEI Number   Applied For
PETTINGILL, JAMES 1532-S: FLORAL WAY APOPKA, FL 32703  Name 'PETTINGILL, TAMES'  Street Address (P.O. Box Number is Not Acceptable)  3 771 G-Ricf 5T			
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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE JAHES FETTING GLL Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent alignature regulate when reinstating).  OATE			
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIF  TITLE DP  NAME PETTINGILL, JAMES  STREET ADDRESS 1532 S. FLORAL WAY  CITY-ST-ZIP APOPKA, FL 32703	RECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PETTINGILL, JAMES  7716RIGEST  APOPHA FL 32203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODDO77725750 07/19/0601045004 **308.75
TITLE —— NAME STREET ADDRESS CITY-ST-ZIP	Delete ·	TILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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: JAME FETTING ILL GOLD GOLD GOLD GOLD GOLD GOLD GOLD GO			