
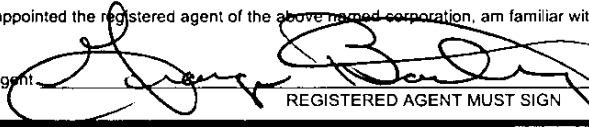
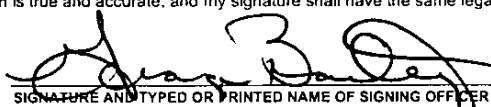


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 08 JAN 15 AM 8:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA																											
DOCUMENT # P03-146297																													
1. Corporation Name G. Bailey Drywall, INC.																													
2. Principal Office Address - No P.O. Box # 706 Jenks Avenue <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address 2906 Riverview Drive <small>Suite, Apt. #, etc.</small>																												
<small>City & State</small> Panama City, FL	<small>City & State</small> Chipley, FL																												
<small>Zip</small> 32401 <small>Country</small> USA	<small>Zip</small> 32428 <small>Country</small> USA																												
4. Date Incorporated or Qualified To Do Business in Florida 12-05-2003																													
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 2px;"><small>Name</small> George Bailey</div> <div style="border: 1px solid black; padding: 2px;"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 2906 Riverview Drive</div> <div style="border: 1px solid black; padding: 2px;"><small>Suite, Apt. #, Etc.</small></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"><small>City</small> Chipley</div><div style="border: 1px solid black; padding: 2px;"><small>State</small> FL</div><div style="border: 1px solid black; padding: 2px;"><small>Zip Code</small> 32428</div></div>																													
<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> 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.</div>																													
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. <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><small>Signature of Registered Agent</small>  <div style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></div></div><div style="width: 35%;"><small>Date</small> 12-18-07</div></div>																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>Pres.</td><td>George Bailey</td><td>2906 Riverview Drive</td><td>Chipley, FL 32428</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres.	George Bailey	2906 Riverview Drive	Chipley, FL 32428																				
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Pres.	George Bailey	2906 Riverview Drive	Chipley, FL 32428																										
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.																													
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="width: 35%;"><div style="display: flex; justify-content: space-between;"><div>George Bailey</div><div>12-18-2007</div></div><div style="display: flex; justify-content: space-between;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div></div></div>																													

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