

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 02 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000146600**

1. Corporation Name

S. DAVIS DRYWALL, INC.

2. Principal Office Address

2241 MARLEE RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

32259

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7-22-2002

5. FEI Number

20-0476154

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

STEVE DAVIS

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

2241 MARLEE RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

500082407365

12/08/06--01061--013 **150.00

500082407365

01/11/07--01005--008 **750.00

State

FL

Zip Code

32259

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

X Steven C. Harris

REGISTERED AGENT MUST SIGN

Date **X 12-7-06**

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 | STEVE DAVIS | 2241 MARLEE RD | JACKSONVILLE, FL 32259 |
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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: **X**

Steven C. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 12-7-06

Date

904-631-2431

Daytime Phone #