
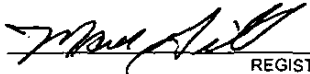
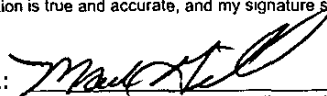


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 30 AM 10:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000148319 1. Corporation Name DOUGLAS DRYWALL, INC.				
2. Principal Office Address 2903 57TH ST E <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2903 57TH ST E <small>Suite, Apt. #, etc.</small>		
City & State BRADENTON, FL		City & State BRADENTON, FL		
Zip 34208	Country US	Zip 34208	Country US	
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number 20-0467820 <small>Applied For</small> <small>Not Applicable</small>		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name DOUGLAS M GILL				
Street Address (P.O. Box Number is Not Acceptable) 2903 57TH STREET EAST <small>Suite, Apt. #, Etc.</small>				
City BRADENTON				
State FL		Zip Code 34208		
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 		Date 5-17-06		
REGISTERED AGENT MUST SIGN				
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	
P, D	DOUGLAS M GILL	2903 57TH ST E	BRADENTON, FL 34208	
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: 		5-17-06 8411 812-3169		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

**DOUGLAS DRYWALL, INC.
2903 57TH STREET EAST
BRADENTON, FL 34208
941-812-3169**

May 17, 2006

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find my reinstatement form for Douglas Drywall, Inc. as instructed by your agent. He informed me that a check was received and paid timely in the amount of \$150.00 for the year 2004. Your agent also told me, that the address on record was never corrected for the years 2005 and 2006. That being the reason that I never received a post card for the past two years. I am enclosing a check in the amount of \$300.00, for the years 2005 and 2006's filing fees, along with the reinstatement form, and ask that the late filing fees be waived.

If you have any further questions, please do not hesitate to contact me.

Sincerely,

Mark Gill