

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -8 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100075268571
05/25/06--01018--008 **450.00

CR2E081 (12/05)

DOCUMENT # **P03000150187**

1. Corporation Name

CHRIS HACKNEY DRYWALL INC

2. Principal Office Address

305 S. GARDEN CITY WAY SAME

Suite, Apt. #, etc.

2nd 11

City & State

ST AUGUSTINE, FL

Zip Country

32085 ST JOHN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

2nd 11

City & State

ST AUGUSTINE FL

Zip Country

32085 ST JOHN

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-06

5. FEI Number

20-0471891

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

BURN, NANCY J

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

11101 N H WY 129

Suite, Apt. #, Etc.

City

BRANFORD

State
FL

Zip Code

3208

8. I, being appointed the registered agent of the above named corporation, accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chris HACKNEY	305 S. GARDEN CITY WAY	ST. AUG FL 32085

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06/909 819 5641

page 302
4-17-06

To who
this may concern
I Chris Haskins
did not receive
notices because I
had drop my P.O Box
address. But This
Corporation was under

Please! Thank you
Note

I did not receive
a report for 2004, 2005,
2006, and I ask
for to see Warner

Thank you