

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 4 AM 4: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000151107

1. Corporation Name

FORD'S DRYWALL of NWFL Incorporated

2. Principal Office Address - No P.O. Box #

3415 McHain DR
Suite, Apt. #, etc.

3. Mailing Office Address

3415 McHain DR
Suite, Apt. #, etc.

CR2E091 (11/10)

City & State

Crestview, FL
Zip Country

32539 USA

City & State

Crestview, FL
Zip Country

32539 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-2003

5. FEI Number

84-1628169

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

Tammy E. Ford

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

3415 McHain DR

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

300266163563
11/04/14--01023--015 **750.00

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

Tammy E. Ford
REGISTERED AGENT MUST SIGN

Date 11/24/14

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	Tammy E. Ford	3415 McHain DR	Crestview, FL 32539
VP	Jack Ford	3415 McHain DR	Crestview, FL 32539
D	John W. Ford	6122 Kimbenly Ln	Crestview, FL 32539

MW
11

10. E-mail Address: ann904@swbfl.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Tammy E. Ford Tammy E. Ford

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #