

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000158019

1. Entity Name
SHIRLEY DRYWALL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:58

REINSTATEMENT 04-05

Principal Place of Business
6557 SE 145TH ST
SUMMERFIELD, FL 34491

Mailing Address
6557 SE 145TH ST
SUMMERFIELD, FL 34491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022005 REIN-P CR2E098 (6/04)

4. FEI Number

81-0640490

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIRLEY, FRANCIS
6557 SE 145TH ST
SUMMERFIELD, FL 34491

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ERNEST WAYNE SHIRLEY
6557 SE 145 ST
SUMMERFIELD, FL 34491

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400055849134
06/07/05--01027--003 **308, 75

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ANTHONY WAYNE SHIRLEY
6326 SE 145 ST
SUMMERFIELD, FL 34491

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
CHARLES W. SHIRLEY
6901 NW 1st ST.
OCALA, FL 34475

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ROBERT W. SHIRLEY
5 PINE TRAIL RD.
OCALA, FL 34472

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-05