## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000158386

Address:

City-St-Zip:

241 SHREWSBURY ROAD

MARY ESTHER, FL 32569

Entity Name: THOMAS EALUM DRYWALL, INC

FILED Oct 01, 2009 Secretary of State

Entity Nan	ne: THOMAS	EALUM DRY	WALL, INC.			
Current Principal Place of Business:				New Principal P	New Principal Place of Business:	
	WSBURY RD HER, FL 325	69				
Current Mailing Address:				New Mailing Address:		
	WSBURY RD HER, FL 325	69				
FEI Number:	32-0102861	FEI Number A	Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Addre	Name and Address of New Registered Agent:	
	EAVE LTON BEACH		US			
The above in the State		submits this st	atement for the p	urpose of changing its regis	stered office or registered agent, or both,	
SIGNATUR	RE: BOBBY T	URNER				
Electronic Signature of Registered Agent				nt	Date	
	e with s. 607.193 paign Financing		•	receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () EALUM, THOMA 241 SHREWSB MARY ESHTER	URY ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () EALUM, LILLIE 241 SHREWSB MARY ESHTER	URY ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA ()	Delete OGER		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THOMAS EALUM PD 10/01/2009