

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000158505

1. Corporation Name

WHITE'S DRYWALL INC

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

905 MURDOCK BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

905 MURDOCK BLVD

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

GEORGE WHITE

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

905 MURDOCK BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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 12/05/2008

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	GEORGE WHITE	905 MURDOCK BLVD	ORLANDO FL 32825
VP	LARRY D WHITE	905 MURDOCK BLVD	ORLANDO FL 32825
VP	KEVIN WHITE	905 MURDOCK BLVD	ORLANDO FL 32825

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:

*George White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/2008

Date

407-595-4470

Daytime Phone #

FILED

09 JAN 23 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200141892192  
01/23/09--01050--005 \*\*450.00  
REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
58-2678194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.