



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000002060 1. Entity Name RUBLE DRYWALL INC.						FILED 06 OCT 24 PM 1:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2950 SW BOXWOOD CIRCLE PORT ST. LUCIE, FL 34953				Mailing Address 2950 SW BOXWOOD CIRCLE PORT ST. LUCIE, FL 34953			
2. Principal Place of Business <i>ST LUCIE County</i> Suite, Apt. #, etc. <i>SAME</i>		3. Mailing Address <i>SAME AS ABOVE</i> Suite, Apt. #, etc. <i>SAME</i>					
City & State <i>P.S.L FLA</i>		City & State <i>P.S.L FLA</i>		4. FEI Number 20-0564039		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<i>34953</i> Country: <i>USA</i>		<i>34953</i> Country: <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUBLE, GLENN 2950 SW BOXWOOD CIRCLE PORT ST. LUCIE, FL 34953				7. Name and Address of New Registered Agent Name <i>GLENN M. RUBLE</i> Street Address (P.O. Box Number is Not Acceptable) <i>2950 SW BOXWOOD CIR</i> City <i>PT ST LUCIE</i> FL Zip <i>34953</i>			
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 <i>Glenn M. Ruble</i> 10/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	D <input type="checkbox"/> Delete RUBLE, GLENN 2950 SW BOXWOOD CIRCLE PORT ST. LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081130977 10/24/06--01007--012 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Glenn M. Ruble</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>10/19/06</i> <small>Date Daytime Phone #</small>			