


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000002252**

1. Entity Name  
PRD DRYWALL, INC



FILED  
05 OCT 17 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
P.O. BOX 553      P.O. BOX 553  
MULBERRY, FL 33860      MULBERRY, FL 33860

2. Principal Place of Business      3. Mailing Address  
*2506 Haywood ST*      *PO Box 2492*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

09222005    REIN-P    CR2E098 (6/04)

City & State      City & State  
*Lakeland, FL*      *Eaton Park*

4. FEI Number      Applied For  
*20-0700112*       Not Applicable

Zip      Country      Zip      Country  
*33801*      *USA*      *33840*      *USA*

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DEEL, TIMOTHY  
125 NW 10TH ST  
MULBERRY, FL 33860

7. Name and Address of New Registered Agent  
Name *Kellie M Yule*  
Street Address (P.O. Box Number is Not Acceptable)  
*2506 Haywood ST*  
City *Lakeland*      FL      Zip Code *33801*

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 *Kellie M Yule*      DATE *9-22-2005*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P <input type="checkbox"/> Delete<br>DEEL, TIMOTHY<br>125 NW 10TH ST<br>MULBERRY, FL 33860                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete<br>DEZARN, GENE<br>3802 FEATHER DR<br>HIGHLAND CITY, FL 33846 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Deel, Timothy</i><br><i>2506 Haywood ST</i><br><i>Lakeland, FL 33801</i>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>800060636818</i><br><i>10/17/05--01006--006 **308.75</i>                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>Kellie M Yule</i><br><i>2506 Haywood ST</i><br><i>Lakeland, FL 33801</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: *Timothy P Deel*      Date *9-22-05*      Daytime Phone # *863-559-2488*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR