2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF

NO OFFICER OR DIRECTOR

## FILED SECRETARY OF STATE DIVISION OF COPPERATIONS DOCUMENT # P0400007411 KEITH SNEED DRYWALL, INC 06 FEB 23 PM 3: 33 Principal Place of Business Mailing Address REMISTATEMENT 05-06 22213 N.E. COUNTY RD 1474 22213 N.E. COUNTY RD 1474 HAWTHORNE, FL 32640 US HAWTHORNE, FL 32640 US 2. Principal Place of Business 3. Mailing Address Ashley 10.BOX 2154 Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 **REIN-P** CR2E098 (11/05) City & State HAW HOME City & State Applied For 200546a HAWHWOM Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired 3264D Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNEED, KEITH-O. Box Number is Not Acceptable) 22213 N.E. COUNTY RD 1474 HAWTHORNE, FL 32640 331041 HAW+MOTNE 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. 1-30-01 31ced (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition Sneed, Keith SNEED, KEITH NAME NAME 131 ASNIEY St. (P.O.BOX 2154) STREET ADDRESS 22213 N.E. COUNTY RD 1474 STREET ADDRESS HAWTHORNE, FL 32640 HAWMOINE A 32640 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME KING, DAVID R NAME STREET ADDRESS 108 VINE STREET 300067026483 709706-0025-123 \*\*308 STREET ADDRESS CiTY-ST-ZIP MELROSE FL 32666 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

## ID Whom it may concum-

at the address change on the Document. This Letter was sent to Keith Sneeds, lindle that was out of town. we the just got home on 2/19/06, so that is when we found out this document was not Bigned. The new address is: PO.BOY 2154

Howthorn Fl

32le40

Dony questions please feel free

Shank you Leith Theed