


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000011248 1. Entity Name L. WATSON DRYWALL, INC.						FILED 06 FEB -3 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 922 SARABAY ROAD #16 OSPREY, FL 34229				Mailing Address 922 SARABAY ROAD #16 OSPREY, FL 34229			
2. Principal Place of Business 315 8th STREET Suite, Apt. #, etc.				3. Mailing Address 315 8th STREET Suite, Apt. #, etc.			
City & State NOKOMIS FLORIDA		City & State NOKOMIS FLORIDA		4. FEI Number 20-0603787		Applied For <input type="checkbox"/> Not Applicable	
Zip 34275		Country USA		Zip 34275		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WATSON, LARRY 922 SARABAY ROAD #16 OSPREY, FL 34229				7. Name and Address of New Registered Agent Name Watson, Larry Street Address (P.O. Box Number is not Acceptable) 315 8th Street City NOKOMIS FL 34275			
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>Larry Watson</i> (NOTE: Registered Agent signature required when reinstating) DATE 1/30/06							
FILE NOW!!! FEE IS \$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 P WATSON, LARRY 922 SARABAY ROAD #16 OSPREY, FL 34229 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP P Watson, Larry 315 8th Street NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP V WATSON, RALPH 922 SARABAY ROAD #16 OSPREY, FL 34229 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP V Watson, Ralph 315 8th Street NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 05-06 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 200065828872 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/14/06--01033--007 **308.75			
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			
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>Larry Watson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 1/30/06 Date Daytime Phone #			