

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000017729 1. Entity Name JORDAN'S DRYWALL INC.						FILED 06 MAR 29 AM 11:32 SECRET TALLAHASSEE, FLORIDA	
Principal Place of Business 845 MIKASUKI DRIVE LAKELAND, FL 33813				Mailing Address 845 MIKASUKI DRIVE LAKELAND, FL 33813			
2. Principal Place of Business Same		3. Mailing Address Same		 REINSTATEMENT 05-06 10082005 REIN-P CR2E098 (6/04)			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State 		City & State 					
Zip 		Zip 					
4. FBI Number 200656245				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JORDAN, JEFF 845 MIKASUKI DRIVE LAKELAND, FL 33813			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 <u><i>Jeff Jordan</i></u> 10-15-05 <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, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P JEFF, JORDAN 845 MIKASUKI DRIVE LAKELAND, FL 33813		<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	
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 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: <u><i>Jeff Jordan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-15-05 <small>Date Daytime Phone #</small>			