PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAR -8 P 2:51
SEC. OF STATE
TALLAHASSEE, FLORIDA

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03/16/07--01009--007 **450.00

DOCUMENT # P04000031433

1. Corporation Name

SMITH DRYWALL INC. of Tampa

W07000011676

REINSTATEMENT 05-07

CR2E081 (1/06)

2. Principal Office Address: No P.O. Box #
1806 E. Seward St
Suite, Apt. #, etc.
City & State: TAMPA FL.
Zip: 33604 Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4a. Date Incorporated or Qualified to Do Business in Florida

5. FEI Number: 43-2041340 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Smith Pierre
Street Address (P.O. Box Number is Not Acceptable): 1806 E. Seward St
Suite, Apt. #, etc.
City: TAMPA State: FL Zip Code: 33604

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0501, F.S.

Signature of Registered Agent: Smith Pierre Date: 3-5-07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner P	Smith Pierre	1806 E. Seward St	Tampa FL 33604

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that, when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and all taxes owed by the corporation have been paid and the names of officials listed on this form do not identify as an exemplar contained in Chapter 120, F.S. The information contained on this application is true and accurate and the Signature shall have the same legal effect as if made under oath.

SIGNATURE: Smith Pierre
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

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