


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -8 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # P04000075867</b><br>1. Entity Name<br><b>BOHANNON DRYWALL, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>4616 HOMESTEAD ROAD<br/>JACKSONVILLE, FL 32210</b>  |  |  | Mailing Address<br><b>4616 HOMESTEAD ROAD<br/>JACKSONVILLE, FL 32210</b>   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  |  |  |
| Zip   | Country  | Zip  | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>BOHANNON, LESLIE J</b><br><b>4616 HOMESTEAD ROAD</b><br><b>JACKSONVILLE, FL 32210</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>BOHANNON, LESLIE J</b><br><b>4616 HOMESTEAD ROAD</b><br><b>JACKSONVILLE, FL 32210</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>300061256263</b><br><b>11/08/05--01041--005 **150.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TREASURER</b><br><b>BUNNY BOHANNON</b><br><b>4616 HOMESTEAD ROAD</b><br><b>JACKSONVILLE, FL 32210</b>                         |  |
| 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"/> Change <input type="checkbox"/> Addition  |  |
| 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"/> Change <input type="checkbox"/> Addition  |  |
| 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"/> Change <input type="checkbox"/> Addition  |  |
| 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"/> 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. |  |  |  |  |  |
| <b>SIGNATURE: ✓ Les R</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>11-2-05</b><br><small>Date</small>  |  |  |

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