

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000100542</b> 1. Entity Name <b>LAKEFRONT DRYWALL, INC.</b>				<b>FILED</b> <b>05 NOV 17 PM 4:16</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>P. O. BOX 9027</b> <b>FLEMING ISLAND, FL 32006</b>		Mailing Address <b>P. O. BOX 9027</b> <b>FLEMING ISLAND, FL 32006</b>			
2. Principal Place of Business <b>205 Bush Ct</b> Suite, Apt. #, etc.,		3. Mailing Address <b>205 Bush Ct</b> Suite, Apt. #, etc.			
City & State <b>Green Cove Springs, FL</b> Zip <b>32043</b> Country		City & State <b>Green Cove Springs, FL</b> Zip <b>32043</b> Country		4. FEI Number <b>16-1704209</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>DAVIS, MARSHALL D</b> <b>233 EAST BAY ST.</b> <b>STE. 620</b> <b>JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Kirsten Long</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 Bush Ct</b> <b>Green Cove Springs FL</b> Zip Code <b>32043</b>		
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 <span style="float: right;">DATE <b>11-12-05</b></span> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LONG, K L</b> <b>P. O. BOX 9027</b> <b>FLEMING ISLAND, FL 32006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>Long, K L</b> <b>205 Bush Ct</b> <b>Green Cove Springs, FL 32043</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, K L</b> <b>P. O. BOX 9027</b> <b>FLEMING ISLAND, FL 32006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>Long, K L</b> <b>205 Bush Ct</b> <b>Green Cove Springs, FL 32043</b>	<input checked="" 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
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 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:			Date <b>11-12-05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		