

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000128548

1. Entity Name
PATCH MASTER DRYWALL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 OCT 06 AM 10:36

Principal Place of Business
115 ST. KITTS CIR.
WINTER HAVEN, FL 33884

Mailing Address
P. O. BOX 2214
HAINES CITY, FL 33845

2. Principal Place of Business

3. Mailing Address

1 Coyer Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Haines City FL

Zip

Country

Zip

33844

Country

10042006

REIN-P

CR2E098 (11/05)

4. FEI Number
26-0095034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACCALLA, JOHN
115 ST KITTS CIR
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name John MacCalla

Street Address (P.O. Box Number is Not Acceptable)

1 Coyer Rd

City Haines City

FL

Zip Code 33844

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

John Raymond MacCalla

10-4-06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

TITLE DP
NAME MACCALLA, JOHN
STREET ADDRESS 115 ST. KITTS CIR.
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1 Coyer Road
CITY-ST-ZIP Haines City, FL 33844 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-06

Date

863-557-6448

Daytime Phone #