


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                           |                                                                                   |
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| <b>DOCUMENT # P04000140850</b>                                            |  |
| 1. Entity Name<br><b>BIG AND LITTLE DRYWALL OF NORTHWEST FLORIDA INC.</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>5592 DUPREE RD.<br/>MILTON, FL 32570</b> | Mailing Address<br><b>5592 DUPREE RD.<br/>MILTON, FL 32570</b> |
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| 2. Principal Place of Business<br><b>5592 Dupree Rd</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>5592 Dupree Rd.</b><br>Suite, Apt. #, etc. |
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|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>MILTON, FL</b> | City & State<br><b>MILTON, FL</b> |
| Zip<br><b>32570</b>               | Zip<br><b>32570</b>               |
| Country<br><b>Santa Rosa</b>      | Country<br><b>Santa Rosa</b>      |

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>37-1496874</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br><b>WILLIS, MICHELLE<br/>5592 DUPREE RD.<br/>MILTON, FL 32570</b> |
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| 7. Name and Address of New Registered Agent<br>Name <b>Darandall Boutwell</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5592 Dupree Rd.</b><br>City <b>Milton</b> FL Zip Code <b>32570</b> |
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| 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 <b>Michelle Willis / Darandall Boutwell</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                         | DATE <b>9.20.05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| <b>FILE NOW!!! FEE IS \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                         |                                                                                                              |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>WILLIS, MICHELLE<br/>5592 DUPREE RD.<br/>MILTON, FL 32570</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"/> Delete                                                                              |
| 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"/> Delete                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                              |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                               |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Darandall Boutwell<br/>5592 Dupree Rd.<br/>Milton, FL 32570</b> |
| 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"/> Change <input type="checkbox"/> Addition                                                                                             |
| 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"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |

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| 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: <b>Michelle Willis</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date <b>9.20.05</b> (850) 675 5789<br><small>Daytime Phone #</small> |

FILED  
05 OCT -6 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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