

2608 FOR PROFIT CORPORATE REINSTATEMENT

FILED

09 JAN 12 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000167536

1. Entity Name

BUCK EIBE DRYWALL & CONSTRUCTION, INC.



Principal Place of Business

13071 DEEPWOODS AVENUE
PT CHARLOTTE, FL 33981 US

Mailing Address

13071 DEEPWOODS AVENUE
PT CHARLOTTE, FL 33981 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIBE, BUCK
13071 DEEPWOODS AVENUE
PORT CHARLOTTE, FL 33981

Name

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

City

FL

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

Buck Eibe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME EIBE, BUCK
STREET ADDRESS 13071 DEEP WOODS AVENUE
CITY-ST-ZIP PT CHARLOTTE, FL 33981

TITLE ☐ Change ☐ Addition
NAME 600139014796
STREET ADDRESS 12/15/08--01027--001 **61.25
CITY-ST-ZIP

TITLE S ☐ Delete
NAME EIBE, BUCK
STREET ADDRESS 1307 DEEPWOOD AVENUE
CITY-ST-ZIP PT CHARLOTTE, FL 33981

TITLE ☐ Change ☐ Addition
NAME 600139014796
STREET ADDRESS 01/12/09--01054--016 **847.50
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME EIBE, RYAN W
STREET ADDRESS 13071 DEEPWOODS AVENUE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Buck Eibe

BUCK EIBE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11300