

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000167802

1. Corporation Name

J. & M. DRYWALL SPRAY SERVICE, INC.

2. Principal Office Address

304 MAGNOLIA STREET

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip  
32701

Country  
USA

3. Mailing Office Address

304 MAGNOLIA STREET

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip  
32701

Country  
USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/2004

5. FEI Number

421658149

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMISON MARK JESSUP SR., INC.

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

465 S VOLUSIA AVE

Suite, Apt. #, Etc.

SUITE C

City

ORANGE CITY

State  
FL

Zip Code  
32763

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Deven Newman - Ass. Secretary  
REGISTERED AGENT MUST SIGN

Date 11/2/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|--------|--------------------------------------|---|----------------------------|
| PRES   | JAMES NELSON                         | 304 MAGNOLIA STREET                               | ALTAMONTE SPRINGS FL 32701 |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES NELSON- P04000167802

**J. & M. DRYWALL SPRAY SERVICE, INC.**

**11/02/2006**

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To Whom it may concern,

**I am enclosing my reinstatement form for my corporation. I never received the renewal notification for my corporation in 2005 or 2006. The instructions for reinstatement indicate that if I did not receive the prior notice, to put this in writing and the reinstatement fee would be waved.**

**Thank you for your assistance in this matter.**

Sincerely,  
James Nelson

FEI 421658149