PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. CORPORATION FLORIDA DEPARTMENT OF STATE 2012 0		
REINSTATEMENT	DEPARTMENT OF STATE SECRETARY OF State SION OF CORPORATIONS	2013 SEP 30: AM 9: 28 SE CHE TARY OF STATE AHASSEE, FLORIDA
DOCUMENT # ₽05 000016588 1. Corporation Name		SSEE. FLORIDA
SCOTT CUSTOM Drywall INC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		
Suite, Apt #, etc. Stanford Rd. 2401 Stanford Rd. Suite, Apt #, etc.		CR2E081 (11/10)
Apt 304 City & State City & State		Incorporated or Qualified Discorporated or Qualified 2-1-2005
PANAMA CHY FL Panam	nadity A 20	
32405 USA 3241	05 USA 6. CERTI	FICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 2401 Stanford (Rd		500252218265 3/30/1301063008 **500.00
Suite Apt # 304		500252218265 3/30/1301063007 **500.00
Panama City FL 32405		##SUU.UU ##SUU.UU
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent REGISTERED AGENT MUST SIGN		Date 7-23-13
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
RANdy Yukla	2401 Stunford ild	P.C. FL ZDLUS
REINCTAGE	0	500252218265 9/30/1301063009 ***50.00
REINSTATEN	IENT	S. HAWKES
3011/2013		OCT 1 - 2013
	P. C. Cong.	EXAMINER
10. E-mail Address: SCD-Coustruction Hot M21/ . COM (To be used for future annual report notification)		
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 60? 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am jaware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE SIGNATURE PRINTED NAME OF SIGNINGOFFICER OR DIRECTOR Daytime Prione in the certify that when filing this reinstance of the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid. I further certify that when filing this reinstance of the corporation have been paid to corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid to corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed have been paid to corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed have been paid to corporate name satisfies the requirements		