

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -2 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000083876

1. Corporation Name

Advanced Wall Design, Inc.

2. Principal Office Address - No P.O. Box #

7473 Dunwalt Road

Suite, Apt. #, etc.

3. Mailing Office Address

7473 Dunwalt Road

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32526

Country

USA

Zip

32526

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 6/10/2005

5. FEI Number

202981644

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

Kelly E. Woollen

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

7473 Dunwalt Road

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived:

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

Kelly E. Woollen
REGISTERED AGENT MUST SIGN

Date 11/24/09

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
P	Marcus C Helms	7473 Dunwalt Road	Pensacola, FL 32526
VP	Michael P. Robbirds	7473 Dunwalt Road	Pensacola, FL 32526
S	Dominic R. Serra	7473 Dunwalt Road	Pensacola, FL 32526

10. E-mail Address: kaylawoollen@yahoo.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 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. 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.

SIGNATURE:

Marcus Helms

Marcus C. Helms

11/24/09 850-529-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3