


2007 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P05000167307		
1. Entity Name J. M. GRIBBLE DRYWALL, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 AM 11:52

02/05/2007 90090 US 158.75



Principal Place of Business 4233 1ST STREET SW VERO BEACH, FL 32868	Mailing Address 4233 1ST STREET SW VERO BEACH, FL 32868
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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

10062007 REIN-P CR2E098 (1/07)

4. FEI Number 264-21-5395	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIBBLE, J. M. 4233 1ST STREET SW VERO BEACH, FL 32968	
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7. Name and Address of New Registered Agent	
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 _____
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, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GRIBBLE, J. M. 4233 1ST STREET SW VERO BEACH, FL 32968 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/30/07--01033--010 **8.75

B 10/19/07

REINSTATEMENT 07

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: <u>J M Gribble</u> J M Gribble	10/14	722-423-5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

J. M. Gribble Drywall

423~~3~~ First Street SW
Vero Beach, Florida 32968
(772) 770-2088

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To: Florida Department of State
Secretary of State
P.O Box 8700
Division of Corporation
Tallahassee, FL 32314

Date: October 14, 2007

Reference: Document # P05000167307

To whom it may concern,

Please find attached Reinstatement request and check for Certificate of Status.

In regards to your notice did not receive any previous filing notification.

If you have any further questions, please do not hesitate to call me at (772) 473-5774.

Sincerely yours,

Jan. Gribble