

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -6 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900137710289  
11/06/08--01033--010 \*\*300.00

900137710289  
11/06/08--01033--011 \*\*8.95

REINSTATEMENT 07-08

DOCUMENT # P060000019948

1. Corporation Name

One Time Drywall, Inc.

2. Principal Office Address - No P.O. Box #  
10929 SE 94TH AVE.

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

34420

Country

Marion

3. Mailing Office Address

10929 SE 94TH AVE>

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

34420

Country

Marion

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/06

5. FEI Number  
90-0258435

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

Tommy Lee Light III

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

10929 SE 94TH AVE.

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/4/08

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	Tommy Lee Light III	10929 SE 94TH AVE	Bellevue, FL 34420
V	Christynn A. Light	10929 SE 94th Ave	Bellevue, FL 34420

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

Tommy Light III

11/4/08

Date

(352) 280-0360

Daytime Phone #