

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 MAR 10 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000030801

**1. Corporation Name**

Tri-County Drywall

**2. Principal Office Address**

18430 SW 79 Ct.

**3. Mailing Office Address**

~~same~~ 18430 SW 79 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip 33157

Country USA

Zip 33157

Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/27/93

**5. FEI Number**

650421289

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

9812

**7. Name and Address of Current Registered Agent**

Name

Timothy J. Moorhead

400003178604--5

-03/22/00--01002--014

\*\*\*1050.00 \*\*\*1050.00

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

18430 SW 79 Ct.

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33157

**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

Date 3/5/00

REGISTERED AGENT MUST SIGN

**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	Timothy J. Moorhead	18430 SW 79 Ct.	Miami, FL 33157
			LS

**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 under section 119.07(3)(i), 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:**

Timothy J. Moorhead

3/5/00

(305) 971-6470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)