

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
11 JAN 10 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070166

1. Corporation Name

Southland Drywall, Inc.  
119 Ridgewood Drive  
Crawfordville, Florida 32327

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

119 Ridgewood Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

119 Ridgewood Drive

Suite, Apt. #, etc.

City & State

Crawfordville

City & State

Florida

Zip

32327

Country

US

Zip

32327

Country

US

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/93

5. FEI Number

59-3209334

☐ 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

Dorothy L. Stanfill

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

119 Ridgewood Drive

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

500190866315

01/11/11--01001--013 \*\*900.00

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

Dorothy L. Stanfill  
REGISTERED AGENT MUST SIGN

Date 1/10/11

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
Pres.	<u>Ricky Stanfill</u>	<u>119 Ridgewood Dr.</u>	<u>Crawfordville, FL 32327</u>
Tres	<u>Dorothy L. Stanfill</u>	<u>119 Ridgewood Dr.</u>	<u>Crawfordville, FL 32327</u>

10. E-mail Address: stanfillrd@aembargmail.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, 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:

Dorothy L. Stanfill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/11

Daytime Phone #