

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P93000074207

1. Corporation Name

K.T. DRYWALL, INC.

Principal Place of Business

17309 CASTLE RD.  
FT. MYERS FL 33912  
US

Mailing Address

17309 CASTLE RD.  
FT. MYERS FL 33912  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0444181

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<del>PRES</del>	<del>SIMPSON, DEBRA</del>	<del>17309 CASTLE RD</del>	<del>FT MYERS FL 33912</del>
PT	SIMPSON, KARL	17309 CASTLE RD	FT MYERS FL 33912
VP	BRADLEY F. SIMPSON	TINA LNS Leigh High 33991	Leigh High Ft. 33991
VP	THOMAS M. MUSGRAVE	8183 CALOSA RD	Ft. MYERS FL 33912
			200003078272--4 12/22/99--01077--010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

~~CORPORATION INFORMATION SERVICES INC.~~  
~~1201 HAYS CT.~~  
~~TALLAHASSEE FL 32301~~

9. Name and Address of New Registered Agent

Name  
Karl T. Simpson  
Street Address (P.O. Box Number is Not Acceptable)  
17309 CASTLE RD  
Suite, Apt. #, Etc.

City  
Ft. Myers

State

FL

Zip Code

33912

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-2-99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-99

Date

KE

942693965

Daytime Phone #