

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT #

P93000084221

1. Corporation Name

AAA DRYWALL, INC.

499 Del Monte Dr.

499 Del Monte Dr.

2. Principal Office Address

499 Del Monte Dr.

3. Mailing Office Address

499 Del Monte Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32084

Country

St. Johns

Zip

32084

Country

St. Johns

7. Name and Address of Current Registered Agent

Name

Holland, Jean

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

499 Del Monte Dr.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Jean Holland

Date *08-10-04*

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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. | Holland, Jean | 499 Del Monte Dr. | St. Augustine, Florida 32084 |
| S/T | Holland, Randall M. | 8635 East Bayhead Court | Youngstown, Florida 32466 |
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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:

Jean Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-10-04

Date

Daytime Phone #