

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

4. Date Incorporated or Qualified

To Do Business in Florida 12-03-1993

5. FEI Number

59-3081895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-04

mpb

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*

REGISTERED AGENT MUST SIGN

Date 08-10-04

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

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 #

CR2E081 (01/04)