PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 MAY 17 AM 11: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P9400005525I

1. Corporation Name

Drywall Enhancements, Inc.

2. Principal Office Address

4165 Citrus Blvd.

Suite, Apt. #, etc.

City & State

Cocoa, FL

| Zip | Country |
| 32926 | US |

3. Mailing Office Address

4165 Citrus Blvd.

Suite, Apt. #, etc.

City & State

Cocoa, FL

| Zip | Country |
| 32926 | US |

4. Date Incorporated or Qualified To Do Business in Florida 07/20/1994

5. FEI Number 59-3266755   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 Deborah Lay

Street Address (P.O. Box Number is Not Acceptable) 4165 Citrus Blvd.

Suite, Apt. # Etc

200055379392
05/26/05--01065--026 **120.00

City Cocoa   State FL   Zip Code 32926

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 5/12/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	James Lay	4165 Citrus Blvd.	Cocoa, FL 32926
V/T/S	Deborah Lay	4165 Citrus Blvd.	Cocoa, FL 32926
		REINSTATEMENT 05-05	

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: _____ V/T/S Deborah Lay VTS 5/12/05 321-636-3294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #