

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 NOV 26 PM 2:44	
DOCUMENT # <u>094000061962</u>							
1. Corporation Name <u>K-4 Dry Wall, Inc.</u>							
2. Principal Office Address <u>1560 N.W. 97 Ave</u> Suite, Apt. #, etc.				3. Mailing Office Address <u>1560 N.W. 97 Ave.</u> Suite, Apt. #, etc.			
City & State <u>Coral Springs, Fl.</u>		City & State <u>Coral Springs, Fl.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>8/94</u>		5. FEI Number <u>650511264</u>	
Zip <u>33071</u>		Country <u>USA</u>		Zip <u>33071</u>		Country <u>USA</u>	
				6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Pat Schumacher</u>	<u>700004713917-8</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1560 NW 97 AVE.</u>	<u>12/07/01-01027-007</u> <u>****300.00 ****300.00</u>
Suite, Apt. #, Etc.	
City <u>Coral Springs</u>	State <u>FL</u> Zip Code <u>33071</u>

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 <u>Pat Schumacher</u>	Date <u>11-19-01</u>
REGISTERED AGENT MUST SIGN	

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
<u>P</u>	<u>Pat Schumacher</u>	<u>1560 NW 97 Ave.</u>	<u>Coral Spgs., Fl. 33071</u>
<u>S</u>	<u>Barbara Schumacher</u>	<u>1560 NW 97 Ave.</u>	<u>Coral Spgs. Fl. 33071</u>

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: <u>Pat Schumacher</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #