PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02-07

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 30 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061962

1. Corporation Name
K-4 Dry Wall, Inc.

2. Principal Office Address	3. Mailing Office Address
1560 N.W. 97th Ave	1560 N.W. 97th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Fl.	City & State: Coral Springs, Fl.
Zip: 33071 Country: U.S.A	Zip: 33071 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: Aug. 18, 1994

5. FEI Number: 650511264 ☐ 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

400020251244
05/30/03--01004--002 **30.00

Name: Patrick Schumacher

Street Address (P.O. Box Number is Not Acceptable): 1560 N.W. 97th Ave.

Suite, Apt. #, Etc.

City: Coral Springs, FL State: FL Zip Code: 33071

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: Pat Schumacher Date: 5-24-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Patrick Schumacher	1560 N.W. 97th Ave	Coral Springs, Fl. 33071
Sec.	Barbara Schumacher	1560 NW 97th Ave.	Coral Springs, Fl. 33071

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: Pat Schumacher 5-24-03 (954) 850-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 6/2

5-24-03

To Whom It May Concern:

The reason for our inactive status is that the paperwork for the annual report was sent to our old mailing address and we never received it. Our present mailing address is
1560 N.W. 97th Ave
Coral Springs, Fl.
33071

Please put on file.

Thank You,
Barbara Schumacher