

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049464

1. Corporation Name

EVERLAST DRYWALL CONSTRUCTION, INC.

Principal Place of Business

3270 SW 2ND COURT  
DEERFIELD BEACH FL 33442

Mailing Address

3270 SW 2ND COURT  
DEERFIELD BEACH FL 33442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1996

5. FEI Number

65-0684526

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BACARELLA, PIETRO	3270 SW 2ND COURT	DEERFIELD BEACH FL 33442
VP	BACARELLA, CAESAR	3270 SW 2ND COURT	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

BACARELLA, PIETRO  
3270 SW 2ND COURT  
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name

JAMES SOTO ROCA

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

3270 SW 2ND CT

Suite, Apt. #, Etc.

City

Deerfield

State

FL

Zip Code

33442

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/31/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PIETRO BACARELLA

Date

3/31/03

Daytime Phone #

CR2E040 (8/02)