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FILED

00 APR 25 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99-00AR

DOCUMENT # P96000050881

1. Corporation Name

CHRISTOPHER WESTBERRY DRYWALL, INC.

Principal Place of Business

1608 83RD ST NW  
BRADENTON FL 34209  
US

Mailing Address

1608 83RD ST NW  
BRADENTON FL 34209US 304 34th St W  
B'ham FL 34205

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

2. New Principal Office Address, If Applicable

304 34th St. W.

Suite, Apt. #, etc.

B'ham FL

City &amp; State

Zip 34205

Country America

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

304 34th St W

City &amp; State

B'ham, FL

Zip 34205

Country America

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1996

5. FEI Number

65-0601919

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) Chris Westberry 304 34th St W Pres.

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PS	WESTBERRY, CHRISTOPHER A	1310 28TH STREET WEST	BRADENTON FL 34205

000003241170-4  
-05/05/00-01080-014  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

WESTBERRY, CHRISTOPHER A  
1310 28TH STREET WEST  
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name Westberry Christopher A  
Street Address (P.O. Box Number is Not Acceptable)  
304 34th St. West  
Suite, Apt. #, Etc.  
City B'ham State FL Zip Code 34205

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/28/99

KE

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

Date

10/28/99

Daytime Phone #

(941)  
7418115

CR2E040 (8/99)

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To Whom it may concern:

I DIDNT REIEVE A Reinstatement  
Document  
Could you Please waive the Reinstatement  
late fee!

Thank You very much

Ol Willy

941 (720 2419)

304 34th St W  
B' ton FL 34205

KE