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
DIVISION OF CORPORATIONS
01 NOV 21 PM 4:00

97-01

DOCUMENT # P96000081452

1. Corporation Name

C & M Drywall Spraying Inc.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
6005 N. Wickham Rd	11135 138 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit m52	
City & State	City & State
Melbourne, Fl	Fellsmere, Fl 32948
Zip / Country	Zip / Country
32940 / Brevard	32948 / Indian River

4. Date Incorporated or Qualified To Do Business in Florida: 1996

5. FEI Number: 65-0716083 ☐ 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: Michael S. Lathero

Street Address (P.O. Box Number is Not Acceptable): 11135 138 AVE.

Suite, Apt. #, Etc.:

City: Fellsmere | State: FL | Zip Code: 32948

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***1358.75 ***158.75

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: Michael S. Lathero — REGISTERED AGENT MUST SIGN — Date: 11-19-01

CR2E081 (9/00)

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	Michael LATHERO	11135 138 AVE	Fellsmere, Fl. 32948
VP	Louis Cranmer	11111 138 AVE	Fellsmere, Fl. 32948
Treasurer	TRAVIS Scent	6336 5th St.	Vero Beach, Fl. 32031
			AU

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: Michael S Lathero — Michael S Lathero — 11-19-01 — 561-571-8163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #