

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

00 MAR 21 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029586

1. Corporation Name
PANCHO DRYWALL, INC.

2. Principal Office Address
10911 Bonita Beach Rd.

3. Mailing Office Address
P.O. Box 7002

Suite, Apt. #, etc.
Suite 2044

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Fort Myers, FL

Zip
34135

Country
Lee

Zip
33911

Country
Lee

4. Date Incorporated or Qualified
To Do Business in Florida **4/1/97**

5. FEI Number
65-762393

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
Allan T. Griffith, P.

Street Address (P.O. Box Number is Not Acceptable)
2100 McGregor Boulevard

Suite, Apt. #, Etc.

City
Fort Myers

State Zip Code
FL 33901

000003226100-0
-04/27/00--01012--022
****300.00 ****300.00

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

Allan T. Griffith

Date **3/20/00**

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
Pre	Francisco Reyes	P.O. Box 7002	Fort Myers, FL 33911
Sec	Shannon Frost	P.O. Box 7002	Fort Myers, FL 33911
Trea.	Shannon Frost	P.O. Box 7002	Fort Myers, FL 33911

REINSTATEMENT *gr-00*

[Signature]

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
Date

941-980-4067
Daytime Phone #

CR2E081 (9/99)