

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067081

1. Corporation Name

DRYWALL SYSTEMS, INC.

Principal Place of Business

Mailing Address

3135 ASH HARBOR DR. E.
JACKSONVILLE FL 32224

3135 ASH HARBOR DR. E.
JACKSONVILLE FL 32224

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1997

5. FEI Number

59-3460978

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAMEY, WILLIAM	11982 LIPPIZAN DRIVE 3135 Ash Harbor Dr. E.	JACKSONVILLE FL 32257 32224
V.P.	Clifford Ramey	11002 Lippizan Dr. Apt. 1315	Jacksonville FL 32257 32257
V.P.	Michael Ramey	10268 Whispering Pine, Dr.	Jacksonville FL 32224
Sec.	Stephen Rayton	3135 Ash Harbor, Dr. East	Jacksonville FL 32224
			100003491571--9 -12/08/00--01034--015 ****400.00 ****400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMEY, WILLIAM
3135 ASH HARBOR DR E.
JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William Ramey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-22-00

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:

William Ramey
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-00 904 463-0933