
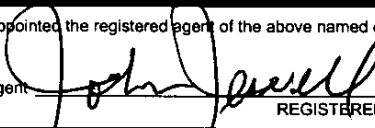
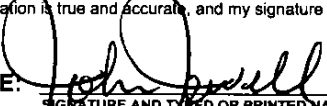


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	06 NOV 21 2006 05:06	
DOCUMENT # 1. Corporation Name <div style="font-size: 1.2em; margin-top: 10px;">Jewell Drywall, Inc. P97000091835</div>				
2. Principal Office Address 12033 WALKERS Glen Lane N		3. Mailing Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Jacksonville, FL		City & State		
Zip 32246	Country USA	Zip	Country	
REINSTATEMENT CR2E081 (12/05) 05-06				
		4. Date Incorporated or Qualified To Do Business in Florida 10/23/1997		
		5. FEI Number 593477955		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name John L. Jewell		000081961800 11/21/06--01006--008 **908.75		
Street Address (P.O. Box Number is Not Acceptable) 12033 WALKERS Glen Lane NORTH				
Suite, Apt. #, Etc.				
City Jacksonville		State FL	Zip Code 32246	
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 		Date 11/15/06		
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	
DPST	John L. Jewell	12033 WALKERS Glen Ln N.	Jax FL 32246	
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 contained in Chapter 119, 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: 		John L. Jewell 11/15/06 904 868-0271		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	