

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -4 PM 12: 23

RECEIVED  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000007617**

**1. Corporation Name**

D & R Drywall Spraying, Inc

**2. Principal Office Address**

812 Aventina Avenue

**3. Mailing Office Address**

217 West Palmetto Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Wauchula, FL

Zip

33873

Country

Zip

33873

Country

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

**5. FEI Number**  
65-0814237

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

600029871746  
03/04/04--01021--025 \*\*1208.75

**7. Name and Address of Current Registered Agent**

Name

Rita Masterson

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

217 West Palmetto Street

Suite, Apt. #, Etc.

City

Wauchula

State  
FL

Zip Code  
33873

**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

*Rita Masterson*

REGISTERED AGENT MUST SIGN

Date 02/23/2004

**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
D/P	David Navarro	812 Aventina Avenue	Wauchula, FL 33873
DVP/S	Roberto Navarro	812 Aventina Avenue	Wauchula, FL 33873

REINSTATEMENT 01-04

**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:**

*David Navarro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/2004

Date

863-781-9267

Daytime Phone #

CR2E081 (01/04)