PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 14 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014169

1. Corporation Name
GM.DRYWALL, Inc

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
48 PENNSYLVANIA AVE	48 PENNSYLVANIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OSPREY, FL	City & State: OSPREY, FL
Zip: 34229 Country: SARASOTA	Zip: 34229 Country: SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida: 02-11-1998

5. FEI Number: 590809948 ☐ 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: STANLEY A. GOLDSMITH ESQ

Street Address (P.O. Box Number is Not Acceptable): 1605 MAIN ST

300023863133
10/15/03--01057--010 **517.50

Suite, Apt. #, Etc.: STE 1001

City: SARASOTA State: FL Zip Code: 34236

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: Stanley A Goldsmith
REGISTERED AGENT MUST SIGN

Date: 10/8/03

CR2E081 (10/02)

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
DPASAT	GILBERT MCCLURE	48 PENNSYLVANIA AVE	OSPREY, FL 34229
DST	CHARLES T MCCLURE	8034 TRIONFO AVE	NORTH PORT, FL 34287
VP	JIM R RUTHERFORD	212 SOUTH REVENA	NOKOMIS, FL 34275
		10/15/03--01057--010 **1517.50	

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: Gilbert Mc Clure 10/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #