

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 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014175

1. Corporation Name

J & M DRYWALL, Inc.

REINSTATEMENT 2003

2. Principal Office Address

48 PENNSYLVANIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

48 PENNSYLVANIA AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02-11-1998

5. FEI Number

650809966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

OSPREY, FL

City & State

OSPREY, FL

Zip

34229

Country

SARASOTA

Zip

34229

Country

SARASOTA

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

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

10/5/03

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
DPAT	JESSE MCCLURE	2117 CASS ST	SARASOTA, FL 34231
DVPAS	JOSHUA MCCLURE	48 PENNSYLVANIA AVE	OSPREY, FL 34229
VP	THOMAS RUTHERFORD	212 SOUTH REVENA	NOKOMIS, FL 34275
DST	GILBERT MCCLURE	48 PENNSYLVANIA AVE	OSPREY, FL 34229

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:

Keith A. Grover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CR2003 (10/02)