

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Champion Drywall Services of Manatee County
Inc.

198 000035634

900006235059--1
-07/08/02--01003--025
*****900.00 *****900.00

2. Principal Office Address

313 Lantana Ave.

3. Mailing Office Address

313 Lantana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State - - -

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

Manatee

Zip

34243

Country

Manatee

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

04-15-98

5. FEI Number

65-0828735

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

Robert H. Schultz

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

313 Lantana Ave., Sarasota, FL 34243

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34243

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

REGISTERED AGENT MUST SIGN

Date

6-27-02

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
D, S, T			
P, VP	Robert H Schultz	313 Lantana Ave	Sarasota, FL 34243

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-27-02

Daytime Phone #

CR2E081 (9/01)