PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. _APPi FILED P98000046003 DOCUMENT # 99 DEC 27 AM 10: 40 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DRY WALL SYSTEMS III. INC. Principal Place of Business Mailing Address 984 NORMANDY BLVD. 984 NORMANDY BLVD. **DELTONA FL 32725 DELTONA FL 32725** If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 05/18/1998 Suite, Apt. #, etc. Suite, Apt. #, etc 5 FEI Number Applied:For-a *59* • 3533821 City & State City & State Not Applicable Zip Country Country CERTIFICATE OF STATUS DESIRED | 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip D PENNER, ELMER E 984 NORMANDY BLVD. **DELTONA FL 32725** D PENNER, JEAN 984 NORMANDY BLVD. **DELTONA FL 32725** Đ KENNEDY, KIM 451 DEBERRY ROAD **ENTERPRISE FL 32725** D KENNEDY, BRENT **451 DEBERRY ROAD ENTERPRISE FL 32725** <u>000003087760-</u> -01/04/00--01076--002 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent خيب PENNER, ELMER E 984 NORMANDY BLVD. **DELTONA FL 32725** State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 11. 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 in the informat on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. APRICE ME さくだんごけん いだく

SIGNATURE

SIGNOUTIES REQUIRED

NIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.20.99

Daytime Phone #



Louis T. Young & Company 14 Meadow Lane Plaza Martinsburg, WV 25401 (304) 267-2484 Fax (304) 267-0740

October 19, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Drywall Systems III, Inc.

To Whom it May Concern,

The above business received a Notice of Dissolution from your office. This business has not had any activity since setting up this corporation. Their plans are to begin work through this corporation the first of the year. Also, Mr. Elmer Penner, owner of said business, informed me that he has never received any paperwork in regards to this business and the annual report that was supposed to be filed.

In speaking with a Florida State Representative in the Reinstatement Office on this day, she has informed us to send you a letter with the Application for Reinstatement along with a \$150.00 fee. She said this would allow this corporation name to stay as is with Mr. Penner.

If you have any questions, please feel free to call me.

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Thank you,

Donna M. Leonard

Louis T. Young & Co.