

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 16 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000066705**

1. Corporation Name

Michael Eady Drywall Inc.

2. Principal Office Address

2750 Scarwin Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2750 Scarwin Lane

Suite, Apt. #, etc.

City & State

Jax Fla

City & State

Jax Fla

Zip

32226 Duval

Country

Zip

32226 Duval

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/98

5. FEI Number

59-3535209

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

Michael Eady

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

2750 Scarwin Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32226

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

Michael Eady
REGISTERED AGENT MUST SIGN

Date **3/12/01**

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
P	Michael Eady	2750 Scarwin Ln.	Jax, FL 32226

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:

Michael Eady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
Date

(904) 219-3090
Daytime Phone #

CR2E081 (9/00)