

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066747

1. Corporation Name

WYNN DRYWALL, INC.

Principal Place of Business

Mailing Address

8872 HECKSCHER DR
JACKSONVILLE FL 32226

8872 HECKSCHER DR
JACKSONVILLE FL 32226

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1998

5. FEI Number

59-3519988

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WYNN, LARRY CULLEN	8872 HECKSCHER DR	JACKSONVILLE FL 32226
VTD	WYNN, WANDA CARROLL	8872 HECKSCHER DR	JACKSONVILLE FL 32226
SD 2nd Vice Pres	HOLLOWAY, GREGORY R	RT. 3 BOX 240 784 Hardwood Dr.	MAGLENNY FL 32063 Orange Park, FL 32065
SD	Cox, Billy J.	2547 Indigo Ave	Middleburg, FL 32068
			700012972447 02/21/03--01111--002 **750.00
			700012972447 03/21/03--01004--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WYNN, WANDA

8872 HECKSCHER DR
JACKSONVILLE FL 32226

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/23/03

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/03

Daytime Phone #

REINSTATEMENT 02-03



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 21 PM 3:59

CR2040 (802)