PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 APR 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000027760**

1. Corporation Name

SOUTHEASTERN DRYWALL OF FLORIDA, INC.

REINSTATEMENT 00-01

Principal Place of Business	Mailing Address
P.O. BOX 330646 ATLANTIC BEACH FL 32233	P.O. BOX 330646 ATLANTIC BEACH FL 32233

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: 03/25/1999 SP

5. FEI Number: 59-3569995 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FREEMAN, THOMAS J	P.O. BOX 330646	ATLANTIC BEACH FL 32233

800004191118--3
-05/09/01--01034--008
****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOWE, FREDERICK T ESQ. 3825 HENDERSON BLVD. SUITE 605A TAMPA FL 33629	Name: AUBIN, MARK J., ESQ. Street Address (P.O. Box Number is Not Acceptable): 3825 HENDERSON BLVD. Suite, Apt. #, Etc.: SUITE 605 City: TAMPA — State: FL — Zip Code: 33629

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 2/9/01
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 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 — 2.9.01 — 9048603679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #