

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

720.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN -2 PM 3:35

DOCUMENT # P99000108164

1. Corporation Name

JIMMY REED DRYWALL, INC.
1605 Lake Bradford Road
Tallahassee, Fla. 32310

2. Principal Office Address

1605 Lake Bradford Rd.

3. Mailing Office Address

1605 Lake Bradford Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32310

Country

USA

Zip

32310

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3613516

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

JIMMY REED

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

1605 LAKE BRADFORD ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

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

Jimmy Reed
REGISTERED AGENT MUST SIGN

Date

1-2-04

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	JIMMY REED	1605 Lake Bradford Rd	Tallahassee, Fl. 32310

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:

Jimmy Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-04

Daytime Phone #

CR2E081 (10/02)