


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V00004		
1. Entity Name SUNCOAST DRYWALL OF TALLAHASSEE, INCORPORATED		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG -9 AM 11:12

Principal Place of Business 4405 WIDGEON WAY TALLAHASSEE, FL 32303	Mailing Address 5312 CORWIN DR TALLAHASSEE, FL 32303
--	--

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box # 119 Ridgewood Drive	3. Mailing Address 119 Ridgewood Dr.
Suite, Apt. #, etc. Crawfordville, FL	Suite, Apt. #, etc.
City & State	City & State Crawfordville, FL
Zip 32327	Country Wakulla

07142007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent STANFILL, RICKY 4405 WIDGEON WAY TALLAHASSEE, FL 32303	
--	--

7. Name and Address of New Registered Agent	
Name Ricky Stanfill	
Street Address (P.O. Box Number is Not Acceptable) 119 Ridgewood Drive	
City Crawfordville	FL Zip Code 32327

4. FEI Number
59-3098795

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ricky Stanfill** **Ricky Stanfill** **8/7/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STANFILL, LARRY 5312 CORWIN DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stacie Stanfill 10112 Green Fountain Road Tall, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STANFILL, RICKY 5312 CORWIN DRIVE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800107611576 08/09/07--01026--018 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Stanfill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/07
Date

Daytime Phone #