

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

FILED

NOV -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

msb
11-14-96

DOCUMENT # V30103

1. Corporation Name

HAROLD WINGO DRYWALL, INC.

Principal Place of Business

1030 FOREST CIRCLE
WINTER SPRINGS FL 32708

Mailing Address

1030 FOREST CIRCLE
WINTER SPRINGS FL 32708

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-3115789

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WINGO, HAROLD	1030 FOREST CIRCLE	WINTER SPRINGS FL
S	WINGO, MARY	1030 FOREST CIRCLE	WINTER SPRINGS FL
			700002006247--0 -11/15/96--01088--008 *****2.00 *****2.00
			700002006247--0 -11/15/96--01088--009 *****136.75 *****136.75

8. Name and Address of Current Registered Agent

WINGO, MARY
1030 FOREST CIRCLE
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002006247--0

-11/15/96--01088--010

*****236.25 *****236.25

FL

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

Mary Wingo

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 9-24-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Harold Wingo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #