


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 10 AM 8:35
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TALLAHASSEE FLORIDA

REINSTATEMENT 03-07

CR2E081 (12/05)

DOCUMENT # F0000000 3681

1. Corporation Name
WALL INDUSTRIES, INC.

2. Principal Office Address
5 Watson Brook Road

3. Mailing Office Address
5 Watson Brook Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Exeter, NH

City & State
Exeter, NH

Zip
03833

Country
USA

Zip
03833

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
06/28/2000

5. FEI Number
046070305

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301-2525

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 Camila Simpson, Authorized Representative
REGISTERED AGENT MUST SIGN

Date
Sept. 28, 2007

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	James F. McCann Sr.	5 Watson Brook Road	Exeter, NH 03833
T	James Bunt	5 Watson Brook Road	Exeter, NH 03833
S	James F. McCann Jr.	5 Watson Brook Road	Exeter, NH 03833
M	John J. Regan	5 Watson Brook Road	Exeter, NH 03833

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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 contained in Chapter 119, 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:

John J. Regan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/07
Date

603 718 2300
Daytime Phone #