


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000150349 1. Entity Name GONZALEZ DRYWALL & FRAMING INC.		
Principal Place of Business 2323 W. PALMETTO ST TAMPA, FL 33607 US		Mailing Address 2323 W. PALMETTO ST TAMPA, FL 33607 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip

FILED

09 JAN 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232009 REIN-P CR2E098 (1/07)

4. FEI Number 20-0476387		Apply For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GONZALEZ, MARCELINO 2323 W. PALMETTO ST TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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:  DATE

(NOTE: Registered Agent signature required when reinstating)

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	P GONZALEZ, MARCELINO <input type="checkbox"/> Delete 2323 W. PALMETTO ST TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 24px; font-weight: bold;">500142281135</div> <div style="text-align: center; font-size: 18px;">01/28/09--01023--024 **308.75</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <input type="checkbox"/> Delete ROSAS, DOLORES 2323 W. PALMETTO ST TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input type="checkbox"/> Delete GONZALEZ, MARCELINO 2323 W. PALMETTO ST TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	RH	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: 