

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000050184

1. Corporation Name

CESAR & SHANNON DRYWALL .CORP

2. Principal Office Address - No P.O. Box #

2285 MARSH HAWK LN

Suite, Apt. #, etc.

17101

City & State

FLEMING ISLAND, FL

Zip

32003

Country

CLAY

3. Mailing Office Address

2285 MARSH HAWK LN

Suite, Apt. #, etc.

17101

City & State

FLEMING ISLAND, FL

Zip

32003

Country

CLAT

7. Name and Address of Current Registered Agent

Name

CESAR MORA

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

2285 MARSH HAWK LN

Suite, Apt. #, Etc.

17101

City

FLEMING ISLAND

State

FL

Zip Code

32003

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

Cesar Mora

REGISTERED AGENT MUST SIGN

Date

3-11-10

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	CESAR MORA	2285 MARSH HAWK LN	FLEMING ISLAND, FL 32003
V	SHANNON MORA	4521 SHADY HOLLOW DR	FORT WORTH, TX 76123
M	CESAR MORA, SR	1888 SUWANNEE RIVER DR	ORANGE PARK, FL 32003
M	XINTIA L MORA	1888 SUWANNEE RIVER DR	ORANGE PARK, FL 32003
			<i>X 3/16</i>

10. E-mail Address: MORA-05@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Cesar Mora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-10 817-271-2301

Daytime Phone #

FILED

10 MAR 15 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

100172222811
03/15/10--01060--019 **750.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/10

5. FEI Number
200884843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.