

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000070138

1. Corporation Name

O.R.B. DRYWALL FINISH, INC.

Principal Place of Business

1840 EAST 1ST AVENUE
HIALEAH FL 33010

Mailing Address

1840 EAST 1ST AVENUE
HIALEAH FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

65-1026278

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
D	BENITEZ, OSCAR R	1840 EAST 1ST AVENUE	HIALEAH FL 33010
			100004737831--9 -12/26/01-01018-007 ****750.00 ****750.00
			REINSTATEMENT 01 TO 1

8. Name and Address of Current Registered Agent

~~ALFARO, JACQUELINE
7175 SW 8TH STREET
STE 203
MIAMI FL 33144~~

9. Name and Address of New Registered Agent

Name

OSCAR R. Benitez

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

1840 EAST 1ST AVENUE

Suite, Apt. #, Etc.

City

Hialeah, FL

State

FL

Zip Code

33010

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

REGISTERED AGENT MUST SIGN

Date

10/22/01-

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

888-6519

CR2040 (8/01)