

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P00000029021*

1. Corporation Name

Fiefia Drywall Inc

2. Principal Office Address

3212 37th TER E

Suite, Apt. #, etc.

Bradenton

City & State

FL 3

Zip

34208

Country

Manatee

3. Mailing Office Address

3212 37th Ter E

Suite, Apt. #, etc.

Bradenton

City & State

FL 3

Zip

34208

Country

Manatee

900028012739

*02/02/04--01058--002 **300.00*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650998124

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

Peter A. Peak Attorney at Law

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

2002 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

REGISTERED AGENT MUST SIGN

Date

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
<i>Pres</i>	<i>Filimone. K. Fiefia</i>	<i>3212 37th Ter E</i>	<i>Bradenton FL 34208</i>
<i>V Pres</i>	<i>Filimone K. Fiefia Jr</i>	<i>"</i>	<i>" FL 34208</i>
<i>Secy</i>	<i>Soane Fiefia</i>	<i>"</i>	<i>" FL 34208</i>
<i>Treas</i>	<i>Suliana Fiefia</i>	<i>"</i>	<i>" FL 34208</i>

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 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:

Suliana Fiefia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-27-04

Daytime Phone #

720-4

FILED

04 FEB -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

03-04