PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 AUG 25 AN II: 53 SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # Poo o	1000 62227	
CLI Drywall	, INC.	500022580075 08/26/0301052008 **308.75
2. Principal Office Address 24 31 ST S+ SW Suite, Apt. #, etc.	3. Mailing Office Address 24/315t 5+5w Suite, Apt. #, etc.	REINSTATEMENT 02-03
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida 6 - 23 - 2000 5. FEI Number Applied For
Zip 34117 Country USA	Naples, FZ Zip Country 34117 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name I g nacio 6. 2apata Street Address P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Naples State State State Zip Code FL 34//7		
8. 1, 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		
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	
Pls/10 Zapata, Ignacio	6. 241 31 5 5+5 Naples, Fil 39	W 1117 Naples, FL SW
Vr Zapata, M.A. An	selica Nglis, Fr 30	1117 Naples, Fr
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 filling 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: X 2 Man 2 CONTROL X 8 23 03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deytime Phone #		
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C & I Drywall, Inc. 241 31st Street SW Naples, FL 34117

August 23rd, 2003

Dept of State Division of Corp PO Box 6327 Tallahassee, FL 32314

RE: Corporation admin de solved

Dear DOS:

I recently was notified by my Accountant that our Corporation was de-solved. I never received the UBR form to file the report. Also, the address on listed in your system is over 2 ½ years old. Perhaps this explains why we never received the UBR. We have corrected our address and are filing a Corporation Reinstatement herewith.

We are enclosing a check in the amount of \$300.00, fee for 2002 & 2003. Please accept this payment and consider waving the reinstatement fee off \$600 under the circumstances.

Sincerely,

Ignacio G. Zapata

President

C & I Drywall, Inc.