

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -3 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000070138

1. Corporation Name

O.R.B. DRYWALL FINISH, INC.

2. Principal Office Address

2419 NW. 29 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33142

Country

USA

3. Mailing Office Address

2419 NW 29 Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/24/2000

5. FEI Number

65-1026278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

OSCAR R. BENITEZ

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

2419 NW. 29 STREET

Suite, Apt. #, Etc.

City

MIAMI,

State  
FL

Zip Code  
33142

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 11/21/03

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/D	OSCAR R. BENITEZ	2419 NW. 29 STREET	MIAMI, FL. 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

Date

(305) 389-4439

Daytime Phone #

CR2E081 (10/02)

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