

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 FEB 28 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02272007 REIN-P CR2E098 (1/07)

DOCUMENT # P01000009971 1. Entity Name SOUTH FLORIDA DRYWALL INC.			
Principal Place of Business 1116 WEST 40TH PLACE HIALEAH, FL 33012		Mailing Address 1116 WEST 40TH PLACE HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box # 1116 W 40 PL Suite, Apt. #, etc		3. Mailing Address 1116 W 40 PL Suite, Apt. #, etc.	
City & State HIALEAH		City & State HIALEAH	
Zip 33012		Zip 33012	
Country Dade		Country Dade	
4. FEI Number 65-1141759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCES, ALEX 1116 WEST 40TH PLACE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name ALEX FRANCES Street Address (P.O. Box Number is Not Acceptable) 1868 Brickel AVE City Miami FL Zip Code 33129	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRANCES, ALEX 1116 WEST 40TH PLACE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FRANCES ZENAIDA 1116 W 40 PL HIALEAH FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FRANCES, ZENAIDA 1116 WEST 40TH PLACE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ALEX FRANCES 1116 W 40 PL HIALEAH FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/20/07 Daytime Phone # 786-277-5833	

100091015501
03/06/07--01026--021 **300.00