PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name SOUTH FLORIDA DRYWALL, INC. 2. Principal Office Address 1116 WEST 40 PLACE 1116 WEST 40 PLACE 1116 WEST 40 PLACE 1116 WEST 40 PLACE Suite, Apt. #, etc. 2. Use A State 1116 WEST 40 PLACE Suite, Apt. #, etc. 3. Mailing Office Address 1116 WEST 40 PLACE Suite, Apt. #, etc. 3. Mailing Office Address 1116 WEST 40 PLACE Suite, Apt. #, etc. 4. Design Incorporated or Cuartified To Do Business in Provide To You Business To You Bu		RPORATION ISTATEMENT		Secre	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			17 PH 12: 00		
2. Principal Office Address 1116 WEST 40 PLACE 1116 WEST 40 PLACE 1116 WEST 40 PLACE Suite, Apt. 8, etc. City & State HIALEAH HIALEAH Country 2p 33012 Country 33012 To Double Transported or Qualified of 1/26/2001 Suite, Apt. 8, etc. 4. Oats incorporated or Qualified of 1/26/2001 Settle Number (651141759) Application of 1/26/2001 Application of 651141759 ACERTIFICATE OF STATUS DESIRED M. 12/17/03—011003—01			P0100000	9971	, meanth.		· [ALL/-;	PSSSE, M.O.SDA		
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33012 USA 3012 Country 33012 USA 3012 Country 33012 USA 6. CERTIFICATE OF STATUS DESIRED 10 1674 Sentition of Status 7. Name and Address of Current Registered Agent Name ALEX FRANCES Street Address (P.O. Box Number is Not Acceptable) 1116 WEST 40 PLACE Sute, Apt. #, Etc. City HIALEAH State 2 pc Code FL 33012 8. I, being appointed the politiced agent of the above named corporation, am familiar with and accept the obligations of section 607.050s or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors 1116 WEST 40 PLACE HIALEAH, FL 33012 10. Lentity that I am an officer or director or the receiver or flustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this resustatement application, the presson for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees over dry the corporation on the same legal effect as if made under oath. ALEXIS FRANCES 12/11/03 786-277-5783	•			1 -	•					
Name ALEX FRANCES Street Address (P.O. Box Number is Not Acceptable) 1116 WEST 40 PLACE Street Address (P.O. Box Number is Not Acceptable) 1116 WEST 40 PLACE TEVIT/US — UTUS — UTUS — UTUS — UTUS — TEVIT (VIS — UTUS — UTUS — VIS —	•		•	1 '	1 '	<u> </u>			nal Fee required	
ALEX FRANCES Street Address (P.O. Box Number is Not Acceptable) 1116 WEST 40 PLACE 12/11/U3-U1U9-U1U9-U1U9-U1U **155, 75			•	7. Name an	nd Address of Current Re	egistered Ager	nt			
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 PTD ALEX FRANCES 1116 WEST 40 PLACE HIALEAH, FL 33012 SVD ZENAIDA FRANCES 1116 WEST 40 PLACE HIALEAH, FL 33012 10. Lertify 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 has been vaid 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 trooparts accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: ALEXIS FRANCES 12/11/03 786-277-5783	8. I, being	Street Address (P.4 Suite, Apt. #, Etc. City HIALEA	O. Box Number is N	1116			12/17/030 State FL	1009010 **1 Zip Code 33012		
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Officer and/or Director Officer and/or Director Officer and/or Director ALEX FRANCES 11116 WEST 40 PLACE HIALEAH, FL 33012 This is renstated 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 justy 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 two learns accurate, and my signature shall have the same legal effect as if made under oath. ALEXIS FRANCES 12/11/03 786-277-5783	9. Names	s and Street Addresses	,			st at least 3 dire	ectors)			
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SIGNATURE. OTWO	this rei	nstatement application by the corporation	the reason for dissibeen paid and the	olution has been elimina names of individuals liste	ted, the corporate name sa ed on this form do not quat	atisfies the requi ify for an exemp	irements of section 60	7.0401 or 617.0401, F.S., t	hat all fees	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisme Phone #	SIGNA		E AND TYPED OF PO			S				

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SOUTH FLORIDA DRYWALL, INC.

Date: December 11, 2003

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

FR: South Florida Drywall, Inc.

ALEX FRANCES 1116 WEST 40 PLACE HIALEAH, FL 33012

RE: CORPORATION REINSTATEMENT

To Whom It May Concern,

This letter is to address the fact that South Florida Drywall, Inc. did not receive the renewal form for the corporation and otherwise was not informed of the date in which this had to be done. Please allow South Florida Drywall, Inc to reinstate immediately. Attached you should find the corporation reinstatement application and the fee applicable.

Should you have any questions, please do not hesitate to contact me at (786) 277-5783. I would appreciate your prompt attention to this matter.

Attentively,

Alexis Frances South Florida Drywall

cc:cc