

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 11:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P01000010146**

1. Corporation Name

C & M DRY WALL SERVICES, INC.

Principal Place of Business

2736 NAKINA CT.
 ORLANDO FL 32837

Mailing Address

2736 NAKINA CT.
 ORLANDO FL 32837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

01/22/2001

5. FEI Number

~~59-3696920~~

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRESPIN, MONICA H	2736 NAKINA CT.	ORLANDO FL 32837
D	CRESPIN, MIGUEL A	2736 NAKINA CT.	ORLANDO FL 32837

800010387878
 01/21/03--01062--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRESPIN, MONICA H
 2736 NAKINA CT.
 ORLANDO FL 32837

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 01-15-03

11. 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 REQUIRED

SIGNATURE RELAYS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-103

Date Daytime Phone #

CR2E040 (8/02)