

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P01000098949

1. Corporation Name

JULDAN DRYWALL, INC.

Principal Place of Business

742 NW 76 AVE.
MIAMI FL 33126

Mailing Address

742 NW 76 AVE.
MIAMI FL 33126

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2001

5. FEI Number

651144967

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	LANGAN MARTHA	742 NW 76 AVE	Miami / FL / 33126

78 U2 4BR
400008841284
11/06/02--01146--007 **150.00

8. Name and Address of Current Registered Agent

LANGAN, MARTA
742 NW 76 AVE.
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Marta Langan
REGISTERED AGENT MUST SIGN

Date 10-31-02

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:

Marta Langan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

Daytime Phone #

CR2E040 (8/02)


November 1st, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

Please be advised that I did not receive the two prior uniform business report (UBR) notices. I am respectfully requesting my corporation to be reinstated and the reinstatement fee to be waived.

Thank you in advanced for your help taking care of this matter.


Martha L. Guerrero Langan
Juldan Drywall
President.