FOR PROFIT CORPORATION			(0	
	SINESS REPORT			
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Dicroneo & Yazbek Dryuzall. Jee.			03 NOV 14 AM 10: 06	
			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
7 20 107			TALLAHASSEE, FLORIDA	
DO NOT WH	RITE IN THIS SPA	ACE		
Principal Place of Business	3. Mailing Address	0)1107		
Suite, Apt, #, etc.	Suite, Apt. #, etc.	- /	EINSTATEMENT	03
City State	City & State	A. 1		Applied For Not Applicable
1123/73 Country	2ig 2 3/23	Country 5	S. Certificate of Status Desired	dditional
	100/13	Name /	Name and Address of Current Registered Agent	
DO NOT	r WRITE	Kau	DIN W. DIF (QN)	20.
IN THIS SPACE		71266	20) 111 AT	
		City	Oni FL ZIS	3/73
The above named entity submits this stat	tement for the purpose of changing its reg	gistered office or registered		<u> </u>
IGNATURE Edwan "	n. Di Franco		•	
Signature, typed or printed name of regis	5× 5× 5× 12 10 10 1 4 7 11 1	egislered Agent signature required who	en reinstelling) DATE	
 This corporation is eligible to satisfy its li Tax filing requirement and elects to do s 	After May 1,	Fee is \$550.00 JBR is \$61.25	Trust Fund Contribution. Add	.00 May Be led to Fees
(See criteria on back) 1. OFFICE	Make Check Payable	to Department of State		
TLE Presiden	Difranco.	TITLE NAME		
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TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP 3. I hereby certify that the information supplied indicated on this report or supplementa	it report is true and accurate and that my	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in Sectionalure shall have the san	on 119.07(3)(i), Florida Statutes, i further certify that the	er or director
TREET ADDRESS TIV-ST-ZIP TLE AME TREET ADDRESS TIV-ST-ZIP TILE AME TREET ADDRESS TIV-ST-ZIP TILE 3. I hereby certify that the information supplied indicated on this report or supplementa	it report is true and accurate and that my	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in Sectionalure shall have the san		er or director
indicated on this report or supplementa of the corporation or the receiver or true attachment with an activess, with all oth	it report is true and accurate and that my	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in Sections of the Service of	on 119.07(3)(i), Florida Statutes, i further certify that the	cer or director 11 or on an

OCTOBER 15, 2003.

1 de - DIVISION OF CORPORATIONS REINSTAINMENT DEPARTMENT P.O. BOX 6327 Tallahassee, FL. 32314

Ref: DIFRANCO & YAZBEK DRYWALL, INC. FEIN 65-1143601

Dear sirs:

DIFRANCO & YAZBEK DRYWALL, INC., already sent you its Annual Report on April 22th with a check payable to you for \$150.00 that was never cashed. Concerned about this, I called you on May 21st asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, after verifying my corporation is inactive I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,

PAOLA DIFRANCO

DIFRANCO & YAZBEK DRYWALL, INC.