

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 22 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800075548948
05/31/06--01017--006 **1050.00

REINSTATEMENT 04-06
CR2E081 (12/05)

DOCUMENT # P01000119797

1. Corporation Name

J'S DRYWALL, INC.

2. Principal Office Address

28581 SW 147TH AVE

3. Mailing Office Address

28581 SW 147TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEISURE CITY, FL

City & State

LEISURE CITY, FL

Zip
33033

Country

MIAMI-DADE

Zip
33033

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

10/2004

5. FEI Number

65-1159414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PB&A FINANCIAL SERVICES, CORP.

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

13935 NW 1ST AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S.

Signature of
Registered Agent

Date

4/26/06

REGISTERED AGENT MUST SIGN

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
DP	JIMENEZ, JUAN C	28581 SW 147TH AVE	LEISURE CITY, FL 33033

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/06 (305) 216-1488

Daytime Phone #