

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO2000041731

1. Corporation Name H.M.R. DRYWALL FINISH, INC.

700023706107
10/10/03--01036--013 **750.00

03

2. Principal Office Address
5720 LAKESIDE DRIVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
APT# 600

Suite, Apt. #, etc.
SAME

City & State
MARGATE, FL

City & State
SAME

Zip
33063

Country
BROWARD

Zip
SAME

Country
SAME

4. Date Incorporated or Qualified
To Do Business in Florida 04/17/02

5. FEI Number
03-0429566

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$475 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HERIBERTO MENDOZA RAMOS

Street Address (P.O. Box Number is Not Acceptable)
5720 LAKESIDE DRIVE

Suite, Apt. #, Etc.
APT# 600

City
MARGATE

State
FL

Zip Code
33063

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 Heriberto Ramos

Date 09/29/03

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
P/D	HERIBERTO M. RAMOS	5720 LAKESIDE DRIVE APT # 600	MARGATE, FL 33063

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 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: Heriberto Ramos

09/29/03 (954) 263-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2110113