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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

04 NOV 16 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **P02090059369**

1. Corporation Name
M & M Drywall, Corp.

2. Principal Office Address 2220 NW 81 T		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33147	Country U.S.A.	Zip	Country

REINSTATEMENT

05-04

4. Date Incorporated or Qualified To Do Business in Florida 5/29/2002	
5. FEI Number 02-0608763	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name Manuel Calcano		
Street Address (P.O. Box Number is Not Acceptable) 2220 NW 81 Terrace		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33147

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: **Manuel Calcano** Date: **11/12/04**

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	Manuel Calcano	2220 NW 81 Terrace	Miami, FL 33147
S	Flavia Alcantara	2220 NW 81 Terrace	Miami, FL 33147

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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)(f), 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: **Manuel Calcano** Date: **11/12/04** Daytime Phone #: **305-300-9603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M & M DRYWALL, CORP.
2220 NW 81 TERRACE
MIAMI, FL 33147

November 12, 2004


Florida Department of State
Division of Corporations

Re: **M & M DRYWALL, CORP.**
P02000059364

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in 2003 + 2004 in the mail, so thank you in advance for your time and consideration.

Sincerely,


Manuel Calcano
President