

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -3 AM 11:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000060825**

1. Corporation Name

Ricardo Lopez Drywall, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

401 E Tomlin Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Zip

33566

Country

Hillsborough

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/3/02

5. FEI Number

04-367 4902

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

Ricardo Lopez

200041259592

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

401 E Tomlin Street

09/22/04--01051--009 **150.00

Suite, Apt. #, Etc.

200041259592

03/22/04--01051--010 **150.00

City

Plant City

State

FL

Zip Code

33566

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

Ricardo Lopez
REGISTERED AGENT MUST SIGN

Date

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	Ricardo Lopez	401 E Tomlin Street	Plant City FL 33566

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:

Ricardo Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

RICARDO LOPEZ DRYWALL, INC.

**401 E. Tomlin Street
Plant City, Florida 33566**

Document Number: P02000060825

August 31, 2004

Secretary of State
Division of Corporations
ATTN: Reinstatement Section
(Ms. Eula Peterson)
PERSONAL AND CONFIDENTIAL
409 East Gaines Street
Tallahassee, Florida 32399

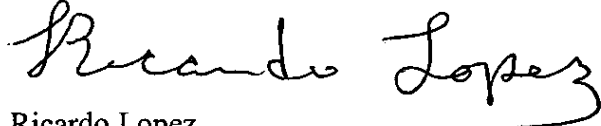
Dear Ms. Peterson:

My corporation was dissolved for failure to file annual business reports. I did not receive the annual business report forms. I have discussed this matter with one of your employees by telephone, and was advised to write this letter. I am requesting that your office reinstate my corporation and grant a waiver of any penalties.

I am a construction drywall contractor, and am under a contract which I cannot fulfill until my company complies with the Florida Workman's Compensation laws. I would appreciate anything you can do to expedite my request.

I am enclosing a check for \$300 for the 2003 and 2004 report period. Thank you for your consideration.

Sincerely,



Ricardo Lopez

Enclosures
Corporation Reinstatement Form
Money Order - \$150
Check - \$150