


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 PM 4:39

DOCUMENT # P02000064170
1. Entity Name
MALDONADO DRYWALL, INC.



Principal Place of Business: **5438 SANTA MONICA BLVD. NORTH JACKSONVILLE, FL 32207**
Mailing Address: **5438 SANTA MONICA BLVD. NORTH JACKSONVILLE, FL 32207**

REINSTATEMENT 04-05



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

10252004 REIN-P CR2E098 (6/04)

City & State

4. FEI Number: **03-0460002**
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALDONADO, SANTOS
5438 SANTA MONICA BLVD. NORTH JACKSONVILLE, FL 32207

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s-607.193(2)(b); F.S.; the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
NAME: **MALDONADO, SANTOS**
STREET ADDRESS: **5438 SANTA MONICA BLVD. NORTH**
CITY-ST-ZIP: **JACKSONVILLE, FL 32207**

Change Addition
NAME: **800042239078**
STREET ADDRESS: **10/27/04--01019--011**
CITY-ST-ZIP: ****150.00**

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

Change Addition
NAME: **800042239078**
STREET ADDRESS: **02/15/05--01020--005**
CITY-ST-ZIP: ****150.00**

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Santos Maldonado President 10/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SANTOS MALDONADO President 11/23/04