


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RS 182

FILED
04 JUL 21 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000098918

1. Corporation Name
L.G. Drywall Contractor, Corp.

600039740236
07/30/04--01071--003 **300.00

2. Principal Office Address

4924 SW 131 AV

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33175

Country

U.S.A.

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/02

5. FEI Number

13-4224590

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Luis L. Gomez

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

4924 SW 131 AV

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

Luis L. Gomez

REGISTERED AGENT MUST SIGN

Date

7/17/04

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
PD	Luis L. Gomez	4924 SW 131 AV	Miami, FL 33175
VP	Aura Gomez	4924 SW 131 AV	Miami, FL 33175

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:

Luis L. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/04

Daytime Phone #

305-220-5477

CR2001 (9/01)

15282

L.G. DRYWALL CONTRACTOR, CORP.
4924 SW 131 AVE
MIAMI, FL 33175

July 17, 2004

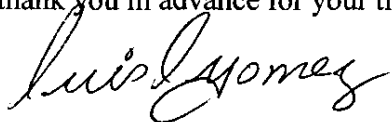
Florida Department of State
Division of Corporations

Re: **L.G. DRYWALL CONTRACTOR, CORP.**
P02000098918

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 the mail, so thank you in advance for your time and consideration.

Sincerely,



Luis L. Gomez
President