

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115100

1. Corporation Name

SOLIS DRYWALL CORP.

Principal Place of Business

1905 1ST. STREET S.W.  
RUSKIN, HILLBROUGH FL 33570

Mailing Address

1905 1ST. STREET S.W.  
RUSKIN, HILLBROUGH FL 33570

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2002

5. FEI Number

02-0649032 24117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SOLIS, FABIAN	1905 1ST STREET S.W.	RUSKIN FL 33570
s/d	Solis, Angelica	1905 1st St SW	Ruskin, FL 33570

500025128175  
12/01/03--01073--016 \*\*750.00

8. Name and Address of Current Registered Agent

SOLIS, FABIAN  
1905 1ST STREET  
RUSKIN FL 33570

9. Name and Address of New Registered Agent

Name

Angelica Solis

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

1905 1st SW

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33570

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Angelica Solis

REGISTERED AGENT MUST SIGN

Date

11/24/03

11. 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:

Fabian Solis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/03

Daytime Phone #

CR2E040 (7/03)