PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500029955415
03/05/04--01030--016 **300.00

DOCUMENT # P02000115150

1. Corporation Name
L.A.M. Drywall, INC.

2. Principal Office Address	3. Mailing Office Address
615 s state Rd 7	615 s state Rd 7
Suite, Apt. #, etc.: 1 G	Suite, Apt. #, etc.: 1 G
City & State: Margate, Fl	City & State: Margate, Fl
Zip: 33068 Country: Broward	Zip: 33068 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 10-25-02

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required if you want Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luis A MoNell
Street Address (P.O. Box Number is Not Acceptable): 615 s state Rd 7
Suite, Apt. #, Etc.: 1 G
City: Margate, State: FL Zip Code: 33068

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: [signature] REGISTERED AGENT MUST SIGN Date: 2/4/04

CR2E081 (10/02)

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
PSTD	Luis A MoNell	615 s state Rd 7 #1G	Margate, Fl 33068

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: [signature] 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L.A. M.DRYWALL,INC.
615 SO.S.R.7 # 1-G
MARGATE,FL 33068

SECRETARY OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
409 EAST GAINES ST
TALLAHASSE,FL.32314

TO WHOM IT MAY CONCERN.
I,LUIS MONELL AM SUBMITTING THIS LETTER TO INFORM YOU THAT THE REASON FOR ME NOT HAVING SENT THE ANNUAL REPORT IS BECAUSE I DID NOT RECEIVED THE FORM .

ATTACHED YOU LL FIND A MONEY ORDER IN THE AMOUNT OF $300.00 WHICH IS THE FEE FOR 2 YEAR.
PLESE ACCEPT THIS FEE .

SINCERLY YOURS

Charter Number Only

2/5/4

Requestor's Name

Address ATLANTIC

City State ZIP Phone

VALIDATION ONLY

RECEIVED
04 FEB -5 AM 10:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

L.A.M. Drywall Inc.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)