

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 OCT 17 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000119195**

1. Corporation Name

RONQUILLO DRYWALL, INC.

Principal Place of Business

34801 SW 187 AVE
FLORIDA CITY FL 33034

Mailing Address

34801 SW 187 AVE
FLORIDA CITY FL 33034

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



REINSTATEMENT 03

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

11/06/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	RONQUILLO, LUIS	34801 SW 187 AVE	FLORIDA CITY FL 33034

8. Name and Address of Current Registered Agent

RONQUILLO, LUIS
34801 SW 187 AVE
FLORIDA CITY FL 33034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-13-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

CR2E040 (7/03)

Ronquillo Drywall

34801 SW 187th Avenue
Florida City, FL 33030
(786) 255-6264

Oct 14, 2003

—RE; Document #P01000119195 —

Division of Corp.
Annual Report/Reinstatement Section
P.O. Box 6327
Tall, FL 32314-6324

To Whom It May Concern:

As per my conversation of Oct 10, 2003 with Mr Scott of your office, I informed Scott that, after sending in my 1st notice report with my company check of \$150.00 (which has been deposit) I have not heard from your office or received any correspondence. At this point I am asking if my late fee's can be waived??

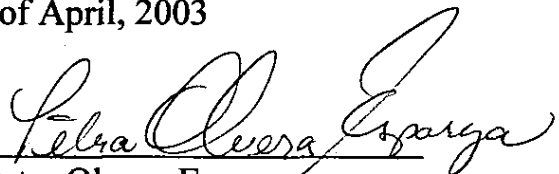
Thank you in advance, awaiting your fast reply.

Sincerely,



Luis Ronquillo

Sworn and subscribed before me this 10th day of April, 2003



Petra Olvera-Esparza
State of Florida-Notary at Large