

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-0496174 REINSTATEMENT 098 (6/04) 04

DOCUMENT # P02000129295					
1. Entity Name ALFREDO DRYWALL, INC					
Principal Place of Business 1030 11TH ST SW NAPLES, FL 34117			Mailing Address 1030 11TH ST SW NAPLES, FL 34117		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 03-0496174				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, DIAN M 1842 40TH TERR SW NAPLES, FL 34116			7. Name and Address of New Registered Agent Name <u>ALFREDO VILLAVICENCIO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1030 11TH STREET SW</u> City <u>NAPLES</u> FL Zip Code <u>34116</u>		
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 <u>DIAN M. EDWARDS</u> (NOTE: registered agent signature required when reinstating) DATE <u>10/25/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALFREDO, VILLAVICENCIO		NAME		
STREET ADDRESS	1030 11TH ST SW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Alfredo Villavicencio</u>			SIGNATURE: <u>ALFREDO VILLAVICENCIO</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>10/25/2004</u> Daytime Phone #		