


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000132875

1. Entity Name
GONZALEZ DRYWALL SERVICE INC.



FILED
05 MAY -4 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4635 SOLANDRA CIRCLE WEST JACKSONVILLE, FL 32210 US	Mailing Address 4635 SOLANDRA CIRCLE WEST JACKSONVILLE, FL 32210 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 04-05

4. FEI Number
47-0901232

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, JOSE R
4635 SOLANDRA CIRCLE WEST
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">P</td> <td style="width: 75%;">GONZALEZ, JOSE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">4635 SOLANDRA CIRCLE WEST JACKSONVILLE, FL 32210</td> </tr> </table>	P	GONZALEZ, JOSE	<input type="checkbox"/> Delete	4635 SOLANDRA CIRCLE WEST JACKSONVILLE, FL 32210		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 75%; text-align: center;">500054513285</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="3" style="text-align: center;">05/13/05--01054--002 **308.75</td> </tr> </table>		500054513285	<input type="checkbox"/> Change <input type="checkbox"/> Addition	05/13/05--01054--002 **308.75		
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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: Sharyn M. Gonzalez 5/2/05 904-591-1078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #