

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008763

1. Entity Name
LOPEZ SHEETROCK, INC.



FILED
Jun 15, 2005 8:00 A.M.
Secretary of State

Principal Place of Business
1825 LEWIS TURNER BLVD
LOT 16
FORT WALTON BEACH, FL 32547 US

Mailing Address
1825 LEWIS TURNER BLVD
LOT 16
FORT WALTON BEACH, FL 32547 US

2. Principal Place of Business
818 Tanager

3. Mailing Address
818 Tanager

Suite, Apt. #, etc.

City & State
FORT WALTON BEACH

City & State
FORT WALTON BEACH

Zip
32548

Country
OKALOOSA

Zip
32548

Country
OKALOOSA

04082005 REIN-P CR2E098 (6/04)

4. FEI Number 02-0669581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LOPEZ, JOSE
1825 LEWIS TURNER BLVD
LOT 16
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
Name LOPEZ JOSE
Street Address (P.O. Box Number is Not Acceptable)
818 Tanager
City FORT WALTON BEACH FL Zip Code 32548

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4/8/05

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	P LOPEZ, JOSE 1825 LEWIS TURNER BLVD, LOT 16 FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	818 Tanager FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/8/05

Daytime Phone #