2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCU	MENT	# P0300001	1379 👡 🚬		FILE	<u>-</u> U			
1. Entity Name ACOUSTIWALL OF FLORIDA, INC.						2008 APR 14	AH 6: 49		
			- F-W-W-	1000	LIE	SECRI LANY	ui STATE		
Principal Place of Business Mailing Address						SECRLIANY TALLAHASSI	E. FLORIDA	١	
1673 SOUTHWEST 158TH TERRACE PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027							4		
2 Principal P	lace of Ducin	one Ne P.O. Poy #	3. Mailing Address						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address (6210 Jacob Canyon Dr. 6210 Jacob Conyon 7									
Suite, Apt.	#, etc.	25.13 (5.10 5.	Suite, Apt. #, etc.	7-	-	04082008 R	EIN-PAILE	CR2E098 (1/07)	07-08
City & State		City & State			4. FEI Number 59-376767	n	<u> </u>	oplied For ot Applicable	
Zip 3		Country	Zip	Country		5. Certificate of Sta		\$8.75	
77450		usp	77450	usa				Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
CHAPELLI 1673 SW 1	158TH TE				P.O. Box Number is N		res		
LINDIGO	C I IIVEO	, 1 2 30027		n state	e Rd '	י			
\20名 City Ho III						wood		FL Zip Cod	3021
8. The above	named entit	y submits this statement for	or the purpose of changing its				the State of Florida.	I am familiar with,	and accept
the obligat	ions of regist	tered agent.	0 /					, ,	
SIGNATURE	Low	nd lall	- com	T. D. delen de de de de de			٠ د	1/8/08	·
	Signature, typed	or printed name of registered agen	алацие гаррісаріе. (NDT	E: Registered Agent sign	nature require	od when reinstating)		DATE	
FII	LE NOW!!	! FEE IS \$300.00					accordance with s poration did not re		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS	S AND DIRECTOR	S IN 11
TITLE	PTD	IN, GUILLERMO	Delete	TITLE				🔼 Change	Addition
NAME STREET ADDRESS	1673 SOL	NAME STREET ADDRESS	6210	Jacob (anyon T	<u>ه</u>			
CITY-ST-ZIP PEMBROKE PINES, FL 33027				CITY-ST-ZIP	Kar	XT Y	77450		
TITLE	VSD		☐ Delete	TATLE		•		🔀 Change	☐ Addition
NAME CHAPELLIN, ROSITA STREET ADDRESS 1673 SOUTHWEST 158TH		•	RACE	NAME STREET ADDRESS	671	o Jacob	Canzon	D C.	
CITY-ST-ZIP	1	KE PINES, FL 33027	, VIOL	CITY-ST-ZIP	Ka		77450		
TITLE			☐ Delete	TITLE		-	1,,,,	Change	Addition
NAME STREET ADDRESS				NAME CIRCL ADDRESS					
CITY-ST-ZIP	i			STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME				NAME			00123; 4/080104;	27698	:0
STREET ADDRESS CITY+ST+ZIP				STREET ADDRESS CITY-ST-ZIP		04/1	4/080104:	9017 **	ŧ300.00
TITLE			☐ Delete	TITLE	+			☐ Change	☐ Addition
NAME			_ X.000	NAME				Grange	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	+				Addition
NAME			□ Delete	NAME				Change	Li Addition
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	1			CITY-ST-ZIP					
12. Thereby of indicated	certify that the on this repo	e intormation supplied wit rt or supplemental report	h this filing does not qualify for s true and accurate and that powered to a scute this report	or the exemptions of my signature shall it	contained have the s	in Chapter 119, Flor ame legal effect as i	ida Statutes. I furthe I made under oath; i	or certify that the in that I am an officer	ntormation or director
of the cor changed.	poration of the contract of th	ne receiver or trustee emp achme nt with an e ddress,	owered to execute this report with all other the empowered	as required by Ch f.	apter 607,	, Hiorida Statutes; an	o tnat my name app	ears in Block 10 o	r Block 11 if
CICNIAT	HOP: Y	[(/// / -		(m. 1.1)	0 P AA ~	ekasalli	ukela	2 712- 26U	בעזנעבי
SIGNAT	UKE: Z	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	: 111 U	Chupell	Date	713-244 Daytime Phone #	7,7