2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000093321

City-St-Zip:

PORT ORANGE, FL 32129 FL

tity Name: FRANK PALMIERI CUSTOM DRYWALL. INC

FILED Jan 17, 2005 Secretary of State

Entity Nar	NE: FRANK PA	ALMIERI CUSTOM DRYWALL,	, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3112 PINE EDGEWA	TREE DR FER, FL 32141	FL			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3112 PINE EDGEWA	TREE DR FER, FL 32141	FL			
FEI Number:	72-1569736	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
PALMIERI, 3112 PINE EDGEWA		US			
	named entity su of Florida.	ubmits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: LOUISE B	PALMIERI			
Electronic Signature of Registered Agent			nt	Date	
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E PALMIERI, LOUIS 3112 PINE TREE EDGEWATER, F	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D PALMIERI, FRAN 3112 PINE TREE EDGEWATER, F	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TRES () [GILBERT, HARO 3520 SOUTH NO		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LOUISE B PALMIERI P 01/17/2005