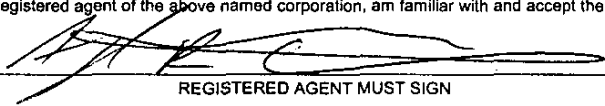PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
YEAR 2005

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -4 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094866

1. Corporation Name
A & O DRYWALL CORP.

REINSTATEMENT 04-05
01-13-05 01052 001 $150.00

2. Principal Office Address
7921 HARBOR BEND CIR

3. Mailing Office Address
7921 HARBOR BEND CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 8/29/03

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

5. FEI Number 77-0607962   Applied For / Not Applicable

Zip 32822 Country USA

Zip 32822 Country USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ANGEL R. CACERES
40004 6418474
02/11/05--01011--016 **158.5

Street Address (P.O. Box Number is Not Acceptable)
7921 HARBOR BEND CIR

Suite, Apt. #, Etc.

City ORLANDO

State FL

Zip Code 32822

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

Date 1/24/05

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ANGEL R. CACERES	7921 HARBOR BEND CIR	ORLANDO; FL; 32822
VP	ELIZABETH CACERES	7921 HARBOR BEND CIR	ORLANDO; FL; 32822
S	ANGEL L. CACERES	7921 HARBOR BEND CIR	ORLANDO; FL; 32822

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Director

SIGNATURE: _____ Angel R. Caceres 1/14/05 321-695-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #