

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096344

1. Corporation Name

Central American Drywall, Inc.

2. Principal Office Address

9 Miracle Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther

City & State

FL

Zip

32569

Country

USA

Zip

32569

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/02/2003

5. FEI Number

20-0189187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lester Balladeres

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

9 Miracle Drive

Suite, Apt. #, Etc.

City

Mary Esther

State

FL

Zip Code

32569

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

[Signature]

Date 2/16/05

REGISTERED AGENT MUST SIGN

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
Pres	Lester Balladares	9 Miracle Drive	Mary Esther, FL 32569

400049936774
04/05/05--01087--007 **300.00

REINSTATEMENT 04-05

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.

SIGNATURE:

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16 2005

Date

850-685-5727

Daytime Phone #

CR2E081 (01/05)

CENTRAL AMERICAN DRYWALL, INC.

9 Miracle Drive
Ft. Walton Beach, FL 32569
850-685-5727

March 8, 2005

Glenda E. Hood, Secretary of State
Department of State
Div of Corporations
P O Box 6327
Tallahassee, FL 32314

Secretary Hood:

Thank you for your prompt response to my request. I have enclosed my check #1143 for \$300 for reinstatement.

We did not receive a reinstatement form for the year 2004. I appreciate your help in resolving this matter and hopefully, this will satisfy the requirements for my corporation to be reinstated.

Thank you.


Lester Baderes