

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000098920

1. Corporation Name

TEO'S DRYWALL, INC.

2. Principal Office Address - No P.O. Box #

18506 TUNBRIDGE STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32833

Country

USA

3. Mailing Office Address

18506 TUNBRIDGE STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32833

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/10/2003

5. FEI Number

20-0211781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ESTUPINAN, TEODOLFO

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

18506 TUNBRIDGE STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32833

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11/07/08

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
PD	ESTUPINAN, TEODOLFO	18506 TUNBRIDGE STREET	ORLANDO, FL 32833
VPD	ARBAIZA, ZOILA P.	18506 TUNBRIDGE STREET	ORLANDO, FL 32833

REINSTATEMENT 2008^{KS}

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEODOLFO ESTUPINAN

11/07/2008

Date

407-568-6049

Daytime Phone #