

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAR 18 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000106898

1. Entity Name
ACR CONSTRUCTION & DRYWALL INC.



Principal Place of Business Mailing Address
~~136 SOUTH HOLIDAY ROAD~~ ~~136 SOUTH HOLIDAY ROAD~~
~~SUITE F~~ ~~SUITE F~~
~~MIRAMAR BEACH, FL 32550 US~~ ~~MIRAMAR BEACH, FL 32550 US~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
330 SHANNON COURT 330 SHANNON COURT
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT WALTON BEACH FORT WALTON BEACH
Zip Country Zip Country
32548 USA 32548 USA



REINSTATEMENT 07-08

4. FEI Number Applied For
20-0252306 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PROFESSIONAL OFFICE SERVICES-
434 TANGLEWOOD DRIVE
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
Name NICHOLAS R. FANELLA
Street Address (P.O. Box Number is Not Acceptable) 734 TANGLEWOOD DRIVE
City FORT WALTON BEACH FL Zip Code 32547

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N R FANELLA, PRESIDENT DATE 2/25/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAVENDA, ENRIQUE L			NAME			
STREET ADDRESS	330 SHANNON COURT			STREET ADDRESS	600119102336		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	02/29/08--01007--010 **\$300.00		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCOBAR, CELESTINO A			NAME			
STREET ADDRESS	44 OREGON DRIVE NE			STREET ADDRESS	710 BRADFORD COURT		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP	FORT WALTON BEACH FL 32547		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE GAVENDA 2/25/08 850-226-8674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #