

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -7 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000118161

1. Entity Name  
I.M.V. DRYWALL INC.



Principal Place of Business  
403 E POINSETTIA ST  
LAKELAND, FL 33803

Mailing Address  
403 E POINSETTIA ST  
LAKELAND, FL 33803

2. Principal Place of Business

9144 Woodview Dr  
Suite, Apt. #, etc.

3. Mailing Address

9144 Woodview Dr  
Suite, Apt. #, etc.

11022005 REIN-P CR2E098 (6/04)

City & State

Polk City FL

City & State

Polk City FL

4. FEI Number

55-0849632

Applied For

Not Applicable

Zip

33868

Country

USA

Zip

33868

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELIX, HEIDI  
2903 W REYNOLDS ST  
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent

Name: Isabel Mendez  
Street Address (P.O. Box Number is Not Acceptable)  
9144 Woodview Dr

City: Polk City

FL

Zip Code: 33868

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE: DPV  
NAME: MENDEZ, ISABEL  
STREET ADDRESS: 403 E POINSETTIA ST  
CITY-ST-ZIP: LAKELAND, FL 33803  
☐ Delete

TITLE: DST  
NAME: MENDEZ, AIDA C  
STREET ADDRESS: 403 E POINSETTIA ST  
CITY-ST-ZIP: LAKELAND, FL 33803  
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
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TITLE:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPV  
NAME: MENDEZ, ISABEL  
STREET ADDRESS: 9144 Woodview Dr.  
CITY-ST-ZIP: Polk City, FL 33868  
☒ Change ☐ Addition  
Address

TITLE: DST  
NAME: Mendez, Aida C  
STREET ADDRESS: 9144 Woodview Dr.  
CITY-ST-ZIP: Polk City, FL 33868  
☒ Change ☐ Addition  
Address

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition  
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Isabel Mendez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/05