

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130422

**1. Corporation Name**

AGAVES DRYWALL INC

1002 W RIVIERA BLVD

**2. Principal Office Address**

1002 W RIVIERA BLVD

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

Zip

32765

Country

US

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 11/12/03

**5. FEI Number**

20-0378514

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04

**7. Name and Address of Current Registered Agent**

Name

CARLOS A POZAS

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

3100 BISHOP PK DR

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

**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

*Carlos A Pozas*  
REGISTERED AGENT MUST SIGN

Date

11-9-04

**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	CARLOS A POZAS	3100 BISHOP PK DR	ORLANDO FL 32792
		<i>for wife</i>	
			300042696573 11/12/04--01057--013 **150.00

**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:

*Carlos A Pozas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-04

Daytime Phone #

November 8, 2004

To Whom It May Concern:

**I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.**

THANK YOU.

Carlos A Pozas  
CARLOS A POZAS (PRESIDENT)