

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 17 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 803000132286

1. Corporation Name

GONZALEZ CEILING & WALLS SPECIALTIES INC

2. Principal Office Address

1107 BELLINI LN

Suite, Apt. #, etc.

3. Mailing Office Address

1107 BELLINI LN

Suite, Apt. #, etc.

City & State

OCOE, FLORIDA

City & State

OCOE, FLORIDA

Zip

34761

Country

USA

Zip

34761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0382247

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

Rafael Gonzalez

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

1107 BILINI LN

Suite, Apt. #, Etc.

City

OCOE, FLORIDA

State

FL

Zip Code

34761

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

Rafael Gonzalez

REGISTERED AGENT MUST SIGN

Date

10/10/05

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	RAFAEL GONZALEZ	1107 BILINI LN	OCOE, FL 34761
VP	VICTOR GARCIA	1230 WEST POINT VILLAS	WINTER PARK, FL 34787

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10/17/05--01056--023 ***300.00

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:

Rafael Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2005

Date

Daytime Phone #

October 10, 2005

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.



RAFAEL GONZALEZ (PRESIDENT)