

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED ✓

05 MAY -2 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133682

1. Corporation Name

RAUL LOPEZ DRYWALL INC

2. Principal Office Address

165 PINE GROVE DRIVE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32164

Country

US

3. Mailing Office Address

165 PINE GROVE DRIVE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32164

Country

US

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2003

5. FEI Number

200396137

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

RAUL LOPEZ

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

165 PINE GROVE DRIVE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32164

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

Raul Lopez
RAUL LOPEZ DRYWALL INC
REGISTERED AGENT MUST SIGN

Date 02/18/2005

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	RAUL LOPEZ	165 PINE GROVE DRIVE	PALM COAST, FL 32164

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:

Raul Lopez
RAUL LOPEZ DRYWALL INC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2005

Date

Daytime Phone #

CR2EC 1 (01/05)