

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 JUL 22 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 02 2005



05132005

REIN-P

CR2E098 (6/04)

04-05

DOCUMENT # P03000141187	
1. Entity Name AMADOR DRYWALL INC.	



Principal Place of Business 2023 LUNETA STREET NAVARRE, FL 32566	Mailing Address 2023 LUNETA STREET NAVARRE, FL 32566
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2. Principal Place of Business		3. Mailing Address 4820 Orleans St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pace FL		City & State Pace FL	
Zip 32571	Country	Zip 32571	Country

6. Name and Address of Current Registered Agent FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name BERNADINE STANALAK Street Address (P.O. Box Number is Not Acceptable) 4820 Orleans St City Pace FL Zip Code 32571	
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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 <i>Bernadine Stanalak</i>	DATE 7/20/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARTINEZ, AMADOR 2023 LUCETA STREET NAVARRE, FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVARES, CARLOS 2023 LUCETA STREET NAVARRE, FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMINO, SIMON 2023 LUCETA STREET NAVARRE, FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/18/05--01058--014 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-05

Date

Daytime Phone #