

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142966

1. Entity Name
HUNG RIGHT DRYWALL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 AM 8:00

REINSTATEMENT 04



Principal Place of Business
1917 N COMBEE RD
LAKELAND, FL 33808
33801

Mailing Address
1917 N COMBEE RD
LAKELAND, FL 33808
33801

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number
200454002 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALAZAR, JAVIER
1917 N COMBEE RD
LAKELAND, FL 33808
33801

7. Name and Address of New Registered Agent
Name: Javier Salazar
Street Address (P.O. Box Number is Not Acceptable)
1917 N Combree RD.
City: Lakeland, FL Zip Code: 33801

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: Javier Salazar *Javier Salazar* 10-29-04
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, 2005, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE	PST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALAZAR, JAVIER			NAME	Salazar Javier		
STREET ADDRESS	1917 N COMBEE RD			STREET ADDRESS	1917 N Combree RD.		
CITY-ST-ZIP	LAKELAND, FL 33808 33801			CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALAZAR, PORFIRIO			NAME	Salazar Porfirio		
STREET ADDRESS	3925 N. COMBEE RD., LOT #16			STREET ADDRESS	1905 N Combree RD.		
CITY-ST-ZIP	LAKELAND, FL 33808 33801			CITY-ST-ZIP	Lakeland FL 33801		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Javier Salazar* 10-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #