

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 10 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 12 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P03000144922

LORENA NOLASCO DRYWALL, INC.

2. Principal Office Address
1073 HUMPHREY BLVD

3. Mailing Office Address
1073 HUMPHREY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELTONA, FL

City & State
DELTONA, FL

Zip Country
32738 VOLUSIA

Zip Country
32738 VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida 12/05/2003

5. FEI Number
04-3781877

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name
SANTOS L. NOLASCO

Street Address (P.O. Box Number is Not Acceptable)
1073 HUMPHREY BLVD

Suite, Apt. #, Etc.

City
DELTONA

State Zip Code
FL 32738

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

Santos L. Nolasco
REGISTERED AGENT MUST SIGN

Date 04/18/2005

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	SANTOS L NOLASCO	1073 HUMPHREY BLVD	DELTONA, FL 32738
VP	SANDRA M. PORTILLO	1073 HUMPHREY BLVD	DELTONA, FL 32738
S	BENJAMIN CONTRERAS NOLASCO	1073 HUMPHREY BLVD	DELTONA, FL 32738

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:

Santos L. Nolasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2005
Date

(407) 436-6071
Daytime Phone #

CR2E081 (01/05)

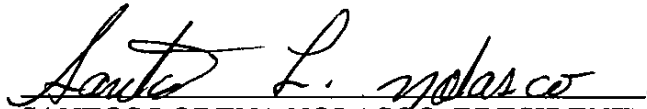
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April 18, 2005

To Whom It May Concern:

I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.


SANTOS LORENA NOLASCO (PRESIDENT)