


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000145448</b> 1. Entity Name ALEXANDER MALDONADO DRYWALL, INC.						05 MAY 13 AM 9:09 REINSTATEMENT 05062005 REIN-P CR2E098 (6/04) 84-05	
Principal Place of Business 2016 KETCH DR. KISSIMMEE, FL 34741				Mailing Address 2016 KETCH DR. KISSIMMEE, FL 34741			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 87-0716201				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MALDONADO, ALEXANDER 2016 KETCH DR. KISSIMMEE, FL 34741			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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>Alexander Maldonado</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE DO <input type="checkbox"/> Delete NAME MALDONADO, ALEXANDER STREET ADDRESS 2016 KETCH DR. CITY-ST-ZIP KISSIMMEE, FL 34741				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400055195054 STREET ADDRESS 05/24/05--01065--012 **300.00 CITY-ST-ZIP			
TITLE O <input checked="" type="checkbox"/> Delete NAME ROSA, ESTEBAN STREET ADDRESS 2016 KETCH DR. CITY-ST-ZIP KISSIMMEE, FL 34741				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jose Manuel Jimenez STREET ADDRESS 2016 KETCH DR. CITY-ST-ZIP KISSIMMEE, FL 34741			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <i>Alexander Maldonado</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							