

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000145471

1. Entity Name  
L PONCE DRYWALL INC



FILED

08 DEC 31 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5549 LUCKASAVAGE RD  
PLANT CITY, FL 33567

Mailing Address  
5549 LUCKASAVAGE RD  
PLANT CITY, FL 33567

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08

4. FEI Number  
20-0446251

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PONCE, LIBORIO  
5549 LUCKASAVAGE RD  
PLANT CITY, FL 33567

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 LIBORIO PONCE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/29/08

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PONCE, LIBORIO  
5549 LUCKASAVAGE RD  
PLANT CITY, FL 33567 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100139399791  
12/31/08--01047--010 \*\*250.00

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CITY-ST-ZIP  
☐ Change ☐ Addition  
201/9

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LIBORIO PONCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/08 (813) 737-9153

Date

Daytime Phone #