


2004 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|--|--|---|
| DOCUMENT # P03000146832 | |  |
| 1. Entity Name S.E.V. DRYWALL FINISHING INC | | |

FILED
04 NOV 16 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| Principal Place of Business 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 US | Mailing Address 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 1600 Kendrick Dr. Suite, Apt. #, etc. Apt # B City & State Kissimmee FL Zip 34741 Country USA | 3. Mailing Address 1600 Kendrick Dr. Suite, Apt. #, etc. Apt # B City & State Kissimmee FL Zip 34741 Country USA |
|---|---|

11082004 REIN-P CR2E098 (6/04)

| | |
|--|--------------------------------|
| 4. FEI Number 83-0378591 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent VALENCIA, SANDRA E 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 | 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | P VALENCIA, SANDRA E 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 <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 | VP SIERRA, MORRIS A 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 <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 | S VALENCIA, JOSE M 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 <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 |
| 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 |
| 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 |

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:  11/10/04 407-944-4581
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #