

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 10 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000 149 238

1. Corporation Name

J.M. B DAYWELL, INC

2. Principal Office Address

2117 VINYARD BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2117 VINYARD BLVD

Suite, Apt. #, etc.

City & State

Kissimmee FLORIDA

City & State

Kissimmee, FLORIDA

Zip

34741

Country

0000LA

Zip

34741

Country

0000LA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-11-2003

5. FEI Number

20-047 4210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Reve BATROS

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

2117 VINYARD BLVD

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

*[Signature]*

Date

12/30/04

REGISTERED AGENT MUST SIGN

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
Pr/s	Reve BATROS	2117 VINYARD BLVD	Kissimmee, FL 34741

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:

*[Signature]*

12/30/04 321-443-135

CRJEG01 (01/04)

CRJEG01 (01/04)

December 30, 2004

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$150.00. You'll also find a copy of the completed Corporation Reinstatement form for our company. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business this past year and incorporated on December 11, 2003. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you and since we had opened the corporation just last December we never understood that in three weeks later we needed to renew it for a year. We never started to operate until 2004 anyway. However, enclosed in the check to renew and please adjust your roords so that for 2005 we will be renewing it by the 1<sup>st</sup> of May. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 321-443-1352. Thank you.

Sincerely,



Rene Batres  
President/Director  
J.M.B Drywall, Inc.  
Doc# P03000149238