

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000152175

1. Entity Name
Z DRYWALL INC.



FILED

07 MAR 12 AM 11:41

CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

Principal Place of Business
6013 WABASH RD
ORLANDO, FL 32807

Mailing Address
6013 WABASH RD
ORLANDO, FL 32807



2. Principal Place of Business - No P.O. Box #
6003 Augusta National Dr
Suite, Apt., etc.
Apt # 314

3. Mailing Address
6003 Augusta National Dr
Suite, Apt., etc.
Apt # 314

03052007 REIN-P CR2E098 (1/07)

City & State
Orlando, FL
Zip
32822

City & State
Orlando, FL
Zip
32822

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALDONADO, ZARAGOZA
6013 WABASH RD
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name

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

6003 Augusta National Dr #314
City Orlando FL Zip Code 32822

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 S. Zaragoza

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVTD
NAME MALDONADO, ZARAGOZA ☐ Delete
STREET ADDRESS 6013 WABASH RD
CITY-ST-ZIP ORLANDO, FL 32807

TITLE S ☒ Delete
NAME MALDONADO, DIANA I
STREET ADDRESS 6013 WABASH RD
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Delete
NAME S. Zaragoza
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME 6003 Augusta National Dr ☒ Change ☐ Addition
STREET ADDRESS Apt # 314
CITY-ST-ZIP Orlando, FL 32822

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300093250253
CITY-ST-ZIP 03/16/07--01011--009 **\$300.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND / OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-07