

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153103

1. Entity Name
FRANCISCO PALACIOS DRYWALL, INC.



Principal Place of Business
696 TYNER ST
#13
FORT WALTON BEACH, FL 32547 US

Mailing Address
696 TYNER ST
#13
FORT WALTON BEACH, FL 32547 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10222004 REIN-P CR2E098 (6/04)

4. FEI Number
20-0510143
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLEDAD RIANO, GLORIA
696 TYNER ST
#13
FORT WALTON BEACH, FL 32547

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

TITLE PST
NAME PALACIOS, FRANCISCO
STREET ADDRESS 696 TYNER ST #13
CITY-ST-ZIP FT WALTON BEACH, FL 32547 ☐ Delete

TITLE V
NAME CONTRARAS, JOEL BRAVO
STREET ADDRESS 706 NORTH PARK, APT. 4
CITY-ST-ZIP FT. WALTON BEACH, FL 32547 ☐ Delete

TITLE D
NAME MEDINA, OSCAR
STREET ADDRESS 696 TYNER ST #13
CITY-ST-ZIP FT WALTON BEACH, FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200042158672
10/25/04--01065--009 **150.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-04
Date Daytime Phone #

FRANCISCO PALACIOS

FILED
04 OCT 25 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

