

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 1:18

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153771

1. Corporation Name

Super Amigos Drywall, Inc
650 E. Chapman CT
Oviedo, FL 32765

2. Principal Office Address

650 E. Chapman CT
Suite, Apt. #, etc.

3. Mailing Office Address

650 E. Chapman CT
Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Oviedo FL

Zip

32765

Country

USA

Zip

32765

Country

USA

REINSTATEMENT 04-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/03

5. FEI Number

20-0837542

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fidel Mendoza

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

650 E. Chapman CT

Suite, Apt. #, Etc.

City

Oviedo, FL 32765

State
FL

Zip Code

32765

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

Fidel Mendoza

Date 11/15/05

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
<u>P</u>	<u>Fidel Mendoza</u>	<u>650 E. Chapman CT</u>	<u>Oviedo, FL 32765</u>

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:

Fidel Mendoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/05

Daytime Phone #