

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000158092

1. Corporation Name

San Isidro Drywall Installer, Inc.

2. Principal Office Address

30208 Double Drive

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip
33544

Country
Pasco

3. Mailing Office Address

30208 Double Drive

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip
33544

Country
Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEL Number
562427695

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

Cortez-Flores, Jose J.

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

30208 Double Drive

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

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

Jose J. Cortez-Flores
REGISTERED AGENT MUST SIGN

Date 02-02-2006

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
P	Jose J. Cortez-Flores	30208 Double Drive	Wesley Chapel, FL 33544
V	Felipe Gomez-Diaz	14411 Srene Court Apt: E4	Tampa, FL 33613
M	Marcos De la Cruz	14401 De Lores Court Apt: A3	Tampa, FL 33613

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 contained in Chapter 119, 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:

Jose J. Cortez-Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose J. Cortez-Flores 02-02-2006

Date

Daytime Phone #

813-714-6631

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

B. Mitchell

MAR 13 2006