

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000000924

FILED
Oct 27, 2004
Secretary of State

Entity Name: MICHAEL IWASKEWYCH DRYWALL, INC.

Current Principal Place of Business:

505 # A OVALA
NORTH PORT, FL 34287 US

New Principal Place of Business:

505 # A OVALANDO
NORTH PORT, FL 34287 US

Current Mailing Address:

505 # A OVALA
NORTH PORT, FL 34287 US

New Mailing Address:

505 # A OVALANDO
NORTH PORT, FL 34287 US

FEI Number: 20-0591843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID B
23462 PATERA AVENUE
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: IWASKEWYCH, MICHAEL
Address: 505 # A OLVA
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: IWASKEWYCH, MICHAEL
Address: 505 # A OLVANDO
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL IWASKEWYCH

P,S

10/27/2004

Electronic Signature of Signing Officer or Director

_____ Date