


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000008208			
1. Corporation Name LEON'S DRYWALL, CORP.			
2. Principal Office Address 413 Macchi Avenue Suite, Apt. #, etc.		3. Mailing Office Address 413 Macchi Avenue Suite, Apt. #, etc.	
City & State Oakland, Florida		City & State Oakland, Florida	
Zip 34787	Country	Zip 34787	Country

FILED
2006 DEC -4 PM 5:24
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

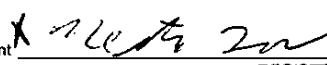
4. Date Incorporated or Qualified To Do Business in Florida **01-05-04**

5. FEI Number **20-0657391** **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 Hector Leon		
Street Address (P.O. Box Number is Not Acceptable) 413 Macchi Avenue		
Suite, Apt. #, Etc.		
City Oakland	State FL	Zip Code 34787

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.

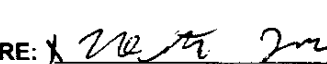
Signature of Registered Agent  **Date** **October 24, 2006**

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
PS	Hector Leon	413 Macchi Avenue	Oakland, Florida 34787
T	Pascual Hernandez	413 Macchi Avenue	Oakland, Florida 34787
VP	Guadalupe Jose Troncoso	413 Macchi Avenue	Oakland, Florida 34787

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:  **October 24, 2006**

October 24, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Leon's Drywall, Corp.
418 Macchi Avenue
Oakland, Florida 34787
Document #: P04000008208

Dear Sir/Madam:

As per our telephone conversation this afternoon, I am sending you this letter trying to solve the problem of reinstatement of my corporation, Leon's Drywall, Corp.

For the past two years I have not received my Uniform Business Report, I have moved from the original address that was stated on my Articles of Incorporation. I am embarrassed to say that my previous accountant did not inform me of the importance of updating my current address with your office.

I ask that you please waive the reinstatement fee and accept this reinstatement form for the year 2006 along with my payment in the amount of \$ 300.00. I beg for your assistance in reinstating my corporation and bringing it to an active status.

I thank you for your cooperation and prompt attention to this matter. I will be awaiting your response.

Sincerely,

Hector Leon
President