

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000009238

Entity Name: BAIZ DRYWALL, INC

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

3237 KINGS RIDGE TR
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

3237 KINGS RIDGE TR
DELTONA, FL 32725

New Mailing Address:

FEI Number: 45-0531510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEON, MIGUEL
3237 KINGS RIDGE TR
DELTONA, FL 32725 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: MIGUEL DELEON

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 () Delete
Name: DELEON, MIGUEL
Address: 3237 KINGS RIDGE TR
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: DELEON, MARIA
Address: 3237 KINGS RIDGE TR
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELEON, MIGUEL
Address: 3237 KINGS RIDGE TR
City-St-Zip: DELTONA, FL 32725

Title: VPD (X) Change () Addition
Name: DELEON, MARIA
Address: 3237 KINGS RIDGE TR
City-St-Zip: DELTONA, FL 32725

Title: S () Change (X) Addition
Name: MEDINA, HUMBERTO
Address: 3237 KINGS RIDGE TR
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIGUEL DELEON

PD

01/23/2006

Electronic Signature of Signing Officer or Director

Date