

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000010005	
1. Entity Name PISICA DRYWALL, INC.	



FILED
06 MAY 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15215 LIVINGSTON AVE. #127 LUTZ, FL 33559	Mailing Address 15215 LIVINGSTON AVE. #127 LUTZ, FL 33559
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2. Principal Place of Business 3508 N. Arlington Ave Suite, Apt. #, etc.	3. Mailing Address 3508 N. Arlington Ave Suite, Apt. #, etc.
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City & State Tampa FL	City & State Tampa FL
Zip 33603	Zip 33603
Country Hillsborough	Country Hillsborough

6. Name and Address of Current Registered Agent MERLOS, LUIS C 15215 LIVINGSTON AVE. #127 LUTZ, FL 33559	
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7. Name and Address of New Registered Agent Name Luis Castellano - Merlos Street Address (P.O. Box Number is Not Acceptable) 3508 N. Arlington Ave City Tampa State FL Zip Code 33603	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Presidente <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 04/05/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P MERLOS, LUIS C 15215 LIVINGSTON AVE. #127 LUTZ, FL 33559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP P Castellano - Merlos, Luis 3508 N. Arlington Ave Tampa FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP RIVERA, DORA M 15215 LIVINGSTON AVE. #127 LUTZ, FL 33559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VP RIVERA, DORA M 3508 N. Arlington Ave Tampa FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP [Signature]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 200076163272 06/14/06--01006--002 **308.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP [Signature]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Luis Castellanos Merlos <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 04/05/2006 (413) 388-7619 <small>Daytime Phone #</small>