


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 22 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
60031513

<b>DOCUMENT # P04000010602</b>					
1. Entity Name JJR DRYWALL, INC.					
Principal Place of Business 1114 43RD ROAD STREET ORLANDO, FL 32839			Mailing Address 1114 43RD ROAD STREET ORLANDO, FL 32839		
2. Principal Place of Business 1102 43rd Road St		3. Mailing Address 1102 43rd Road St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando		City & State		4. FEI Number	
Zip 32839		Country Orange		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04202006 REIN-P CR2E098 (11/05) 05-06			
6. Name and Address of Current Registered Agent SUAREZ, JESUS R 1114 43RD ROAD STREET ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name Street Address (Post Office Number is Not Acceptable) 1102 43rd Road St City Orlando FL Zip Code 32839		
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 <u>Jesus R. Suarez</u> DATE <u>4-28-06</u> <small>Signature, typed or printed name of registered agent and the if applicable. (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	D RODRIGUEZ, JAVIER I POST OFFICE BOX 163138 ALTAMONTE SPRINGS, FL 32716 <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	D MORENO, JOSE L 1114 43RD ROAD STREET ORLANDO, FL 32839 <input checked="" 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		
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: <u>Jesus R. Suarez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-28-06</u> <small>Daytime Phone #</small>		