

"Duplicate"

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 11:38

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12172008 REIN-P CR2E098 (1/07)

DOCUMENT # P04000014198

1. Entity Name
JYC DRYWALL-FINISHER, INC



Principal Place of Business: 1909 MARLBORO AVE. KISSIMMEE, FL 34744

Mailing Address: 1909 MARLBORO AVE. KISSIMMEE, FL 34744

2. Principal Place of Business - No P.O. Box #: 2334 Peppercorn St
Suite, Apt. #, etc.

3. Mailing Address: 2334 Peppercorn St
Suite, Apt. #, etc.

City & State: Kissimmee FL

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Zip: 34741 Country: U.S.A.

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4. FEI Number: 20-0645759

Applied For: Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORELLANA, JUAN A
1909 MARLBORO AVE.
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name: JUAN A Orellana

Street Address (P.O. Box Number is Not Acceptable): 2334 Peppercorn St

City: Kissimmee FL Zip Code: 34741

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: JUAN A Orellana (Pres) *Juan A Orellana* DATE: 10-23-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: ORELLANA, JUAN A STREET ADDRESS: 1909 MARLBORO AVE. CITY-ST-ZIP: KISSIMMEE, FL 34744	<input type="checkbox"/> Delete
TITLE: D NAME: ORELLANA, CELINA M STREET ADDRESS: 1909 MARLBORO AVE. CITY-ST-ZIP: KISSIMMEE, FL 34744	<input type="checkbox"/> Delete
TITLE: S NAME: ORELLANA, JOSE J STREET ADDRESS: 1909 MARLBORO AVE. CITY-ST-ZIP: KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: ORELLANA JUAN A STREET ADDRESS: 2334 Peppercorn St CITY-ST-ZIP: KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Orellana Celina M STREET ADDRESS: 2334 Peppercorn St CITY-ST-ZIP: Kissimmee FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: machuca Jose J STREET ADDRESS: 2372 N. CENTRAL AVE Apt B-120 CITY-ST-ZIP: Kissimmee FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Juan A Orellana* DATE: 10-23-08 (408)-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #