

"Duplicate"

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


08 DEC 19 AM 11:38

200137312272

10/27/08 0037 08 1500



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		3. Mailing Address 2334 Peppercorn St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State Kissimmee FL	
Zip 34741	Country U.S.A.	Zip 34741	Country U.S.A.
4. FBI Number 20-0645759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>JUAN A Orellana (Pres)</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-23-08</u>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORELLANA, JUAN A 1909 MARLBORO AVE. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORELLANA JUAN A 2334 Peppercorn St Kissimmee FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORELLANA, CELINA M 1909 MARLBORO AVE. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORELLANA CELINA M 2334 Peppercorn St Kissimmee FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORELLANA, JOSE J 1909 MARLBORO AVE. KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S machuca Jose J 2373 N. CENTRAL AVE Apt B-120 Kissimmee FL 34741 <input type="checkbox"/> Change <input checked="" 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>Juan A Orellana</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10-23-08 (40)- Date Daytime Phone #	