2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000022228 1. Entity Name RIVERA DRYWALL & CONST., INC.						·	FILE I	PH 8: 5	-	
Principal Plac	e of Business	Mailing Address			Į.	$1/\sqrt{\tau}$	ECRETART : ALLAHASSEE,	हा ठेडें।	-: A f	
4606 E CITR	US CIRCLE	4606 E CITRUS CIRCLE			\prec	146 ''	4LL201442444	1 2 2 1111	,	
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				PEM!	STATEN	EW	7 90	051
City & State		City & State				4. FEI Number 4/-2/2554/ Not Applied Not Applied				
Zip	Country	Zip	Country	у			of Status Desired	$\overline{}$	\$8.75 Ad Fee Require	
	6. Name and Address of Current	I I I I I I I I I I I I I I I I I I I				7. Name and	Address of New Re			
	***			Name					<u>.</u>	
CAPORICE, NELSON 1506 E. MARTIN L. KING BLVD				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F	L 33610		-							
			-	City					Zip Cod	
					:			<u>FL</u>	<u> </u>	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered	d office or	registere	d agent, or bo	th, in the State of Flor	ida. I am	familiar with	, and acc
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		_			- ;			-7/-		
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered	Agent eigna	•	i when reinstating		-26- DATE		
SIGNATURE.		and tale if applicable. (NOTE:	: Registered	Agent signa	•	i when reinstating		DATE		
FiL			: Registered	Agent signs	•	ó when reinstating		DATE	.193(2)(b),	, F.S., tr notice.
FiL	Signature, typed or printed name of registered agent of the second secon	0	: Registered	Agent signa	•		In accordance w	DATE ith s. 607 ot receive	.193(2)(b), e the prior	notice.
Fil After Jar	Signature, typed or printed needs of registered agent a LE NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.0	0		Agent elgna	•		In accordance w corporation did n	DATE ith s. 607 ot receive	.193(2)(b), e the prior	notice.
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CICALATUDE, V

10-25-05 (213) 727-0658