

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -2 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



02082007 REIN-P CR2E098 (1/07)

DOCUMENT # P04000033267					
1. Entity Name D.C.M. DRYWALL INC.					
Principal Place of Business 1862 S.W. 123 AVE. MIAMI, FL 33175			Mailing Address 1862 S.W. 123 AVE. MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2493094	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ MOREIRA, DENNIS 1862 S.W. 123 AVE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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			DATE 02/16/07		
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	PST CRUZ MOREIRA, DENNIS 1862 S.W. 123 AVE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200092219932 03/12/07--01015--013 **300.00	
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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 filers and owners.					
SIGNATURE:			DATE 02/16/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		