

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000033765 1. Entity Name UNLIMITED PLASTERING & DRYWALL INC.					
Principal Place of Business 7073 NW 49 CT FT LAUDERDALE, FL 33319			Mailing Address 7073 NW 49 CT FT LAUDERDALE, FL 33319		
2. Principal Place of Business - No P.O. Box # 4523 W Hallandale Bch Blvd		3. Mailing Address 4523 W Hallandale Bch Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hollywood, Florida		City & State Hollywood, Florida		4. FEI Number 65-0710384	
Zip 33023		Country 		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DU JUOR, EMMATEZE 7073 NW 49 CT FT LAUDERDALE, FL 33319				7. Name and Address of New Registered Agent Name Emmatrzc Point du Jour Street Address (P.O. Box Number is Not Acceptable) 4523 W Hallandale Bch Blvd City Hollywood	
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 <i>* Emmatrc Point du Jour</i> Signature, typed or printed name of registered agent and title if applicable				DATE 	
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DU JUOREZ, EMMATEZE P STREET ADDRESS 7073 NW 49 CT CITY-ST-ZIP FT LAUDERDALE, FL 33319	☐ Delete		TITLE President NAME Pont du Jour, Emmatrzc STREET ADDRESS 4523 W Hallandale Bch Blvd CITY-ST-ZIP Hollywood, FL 33023	☒ Change ☐ Addition	
TITLE V NAME JEROME, JEAN CLAUDE STREET ADDRESS 7073 NW 49 CT CITY-ST-ZIP FT LAUDERDALE, FL 33319	☒ Delete		TITLE Vice President NAME Clerisaint, Joe STREET ADDRESS 4523 W Hallandale Bch Blvd CITY-ST-ZIP Hollywood, FL 33023	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE Secretary NAME Berthonne, Jeremie STREET ADDRESS 4523 W Hallandale Bch Blvd CITY-ST-ZIP Hollywood, FL 33023	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		500102850229 05/18/07--01029--019 **900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		☐ Change ☐ 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: <i>Emmatrc Point du Jour</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

FILED

07 MAY 18 PM 12:09

SECRETARY OF STATE



03282007 REIN-P CR2E098 (1/07)

REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #