

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 24 AM 10:40

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000035935

1. Corporation Name

Macario Lugo Drywall Service Inc.

2. Principal Office Address

4697 Hwy 17 South

Suite, Apt. #, etc.

City & State

Nocatee, Florida

Zip 34268

Country
USA

3. Mailing Office Address

4697 Hwy 17 South

Suite, Apt. #, etc.

City & State

Nocatee, Florida

Zip 34268

Country
USA

REINSTATEMENT 0506

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/2004

5. FEI Number

56-2437616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Macario Lugo

Street Address (P.O. Box Number is Not Acceptable)

4697 Hwy 17, South

Suite, Apt. #, Etc.

City

Nocatee,

State

FL

Zip Code

34268.-

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Macario Lugo

REGISTERED AGENT MUST SIGN

Date 2/13/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Macario Lugo	P.O. Box 1064	Nocatee, FL 34268
DVP	Noemi Lugo	P.O. Box 1064	Nocatee, FL 34268
DST	Mario Lugo	P.O. Box 1064	Nocatee, FL 34268
			200069956562 04/10/06--01059--008 **750.00
			200069956562 04/10/06--01059--009 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Macario Lugo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2006

Date

(863)990-9734

Daytime Phone #