

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000047669 1. Entity Name GRANADOS DRYWALL INC						FILED 06 MAR -8 AM 9:27 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5216 NORTH ST WIMAUMA, FL 33598				Mailing Address 5216 NORTH ST WIMAUMA, FL 33598			
2. Principal Place of Business 5216 North St.				3. Mailing Address P.O. Box 875			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Wimauma FL.				City & State Wimauma FL			
Zip 33598		Country U.S.		Zip 33598		Country U.S.	
6. Name and Address of Current Registered Agent GRANADOS GARCIA, OMAR 5216 NORTH ST WIMAUMA, FL 33598				7. Name and Address of New Registered Agent Name Omar Granados Garcia Street Address (P.O. Box Number is Not Acceptable) 5216 North St. City Wimauma FL Zip Code 33598			
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 X Omar Granados Garcia <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 2-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	P GRANADOS GARCIA, OMAR 5216 NORTH ST WIMAUMA, FL 33598 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100067945711 03/16/06--01006--030 **308.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, CLAUDIA V 5216 NORTH ST WIMAUMA, FL 33598 <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	VP NORIA, GUILLERMO 5216 NORTH ST WIMAUMA, FL 33598 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/13 <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		
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: X Claudia V. Hernandez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-25-06 Daytime Phone # (813) 388-3087			