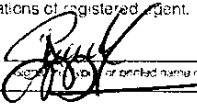
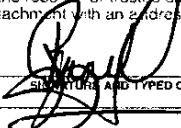


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000134877 1. Entity Name RB DRYWALL INC.			05 DEC 23 PM 1:50 SEAL OF THE STATE TALLAHASSEE, FLORIDA 05
Principal Place of Business 5789 ITHACA CIRCLE EAST LAKE WORTH, FL 33463		Mailing Address 5789 ITHACA CIRCLE EAST LAKE WORTH, FL 33463	
2. Principal Place of Business 1098 PERSIAN LN Suite, Apt. #, etc. HOUSE City & State Sebastian FL Zip 32958 Indian River	3. Mailing Address 1098 PERSIAN LN Suite, Apt. #, etc. HOUSE City & State Sebastian FL Zip 32958 Indian River		
4. FEI Number 10212005		REIN-P CR2E098 (6/04)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VALLEJOS, RICARDO 5789 ITHACA CIRCLE EAST LAKE WORTH, FL 33463		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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 D NAME VALLEJOS, RICARDO STREET ADDRESS 5789 ITHACA CIRCLE EAST CITY- ST- ZIP LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
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 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: 		12-20-05	