

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000002545

FILED
Oct 11, 2006
Secretary of State

Entity Name: LIBERTY DRYWALL SERVICES, INC.

Current Principal Place of Business:

101 NEWBERRY DR.
TAMPA, FL 33615 US

New Principal Place of Business:

219 BAYWATER DR
TAMPA, FL 33615 US

Current Mailing Address:

P.O. BOX 260056
TAMPA, FL 33685

New Mailing Address:

P.O. BOX 260056
TAMPA, FL 33685 US

FEI Number: 20-2112397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, WILLIAM G
219 BAYWATER DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WILLIAM G ARIAS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARIAS, WILLIAM G
Address: 219 BAYWATER DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: V () Delete
Name: ARIAS, ZULEYMA
Address: 219 BAYWATER DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: S (X) Delete
Name: CHINCILLA, S
Address: 101 NEWBERRY DR.
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G ARIAS

P

10/11/2006

Electronic Signature of Signing Officer or Director

Date