

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 PM 2:45

DOCUMENT # P05000033764

1. Corporation Name

M&G DRYWALL ENTERPRISES INC

WD8-19200

500123283295
04/14/08--01051--018 **750.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

6631 SW 25 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

6631 SW 25 STREET

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

BROWARD

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/2005

5. FEI Number

☒ 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

MARIO J HERNANDEZ

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

6631 SW 25 STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4-9-08

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
PRES	MARIO J HERNANDEZ	6631SW 25 STREET	MIRAMAR, FL 33023
VICE P	GRACIELA GONZALEZ	6631 SW 25 STREET	MIRAMAR FL 33023

B 5/1/08
06-08

500123283295
04/30/08--01067--020 **308.75

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 contained in Chapter 119, 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:

Mario J Hernandez

4-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #