

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000054673

Entity Name: J & O DRYWALL, INC.

FILED
Oct 03, 2006
Secretary of State

Current Principal Place of Business:

1016 ROLLIN STREET
HAINES CITY, FL 33844

New Principal Place of Business:

1016 ROLLIN STREET
HAINES CITY, FL 33844 US

Current Mailing Address:

1016 ROLLIN STREET
HAINES CITY, FL 33844

New Mailing Address:

1016 ROLLIN STREET
HAINES CITY, FL 33844 US

FEI Number: 20-2619824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, TERRY E
545 N. UMATILLA BLVD.
UMATILLA, FL 32784 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: TERRY E OLSON

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: PD () Delete
Name: LOPEZ, OMAR
Address: 1016 ROLLIN STREET
City-St-Zip: HAINES CITY, FL 33844

Title: VD () Delete
Name: GARCIA, MANUEL T
Address: 1016 ROLLIN STREET
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, OMAR
Address: 1016 ROLLIN STREET
City-St-Zip: HAINES CITY, FL 33844 US

Title: VD (X) Change () Addition
Name: GARCIA, MANUEL T
Address: 1016 ROLLIN STREET
City-St-Zip: HAINES CITY, FL 33844 US

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: OMAR LOPEZ

PD

10/03/2006

Electronic Signature of Signing Officer or Director

Date