

**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**


FILED

07 JAN 29 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000108015**

1. Entity Name  
ALVARO M. DRYWALL & CONSTRUCTION, INC.



Principal Place of Business: 6330 SW SHORES AVE, ARCADIA, FL 34266

Mailing Address: P O BOX 1234, NOCATEE, FL 34268

2. Principal Place of Business: 6330 Sw Shores av

3. Mailing Address: P.O. BOX 1234

City & State: Arcadia FLA. / Mailing City & State: Nocatee FLA.

Zip: 34266 / Country: U.S.A. / Zip: 34266 / Country: U.S.A.



11142006 REIN-P CR2E098 (11/05)

4. FEI Number: 25 19 22 655

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: RAMIRES, ALVARO MAR, 6330 SW SHORES AVE, ARCADIA, FL 34266

7. Name and Address of New Registered Agent: (Blank)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
After January 1, 2007, Fee will be \$900.00

**REINSTATEMENT 06-07**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RAMIREZ, ALVARO MAR 6330 SW SHORES AVE ARCADIA, FL 34266 <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	VPSD GONZALEZ, JOSE MAR 6330 SW SHORES AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900087356739 02/05/07--01010--016 **908.75 <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
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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: Alvaro Mar Ramirez Date: 1-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PC 1/30