

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 17 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000128694					
1. Entity Name TEQUILA DRYWALL INC					
Principal Place of Business 1900 W FINLAND DR DELTONA, FL 32725			Mailing Address 1900 W FINLAND DR DELTONA, FL 32725		
2. Principal Place of Business		3. Mailing Address <i>2169 N. Normandy Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Deltona, FL</i>		4. FEI Number <i>20-3475180</i>	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
<i>32725</i>	<i>US</i>	<i>32725</i>	<i>US</i>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARAJAS, FLORENTINO 1900 W FINLAND DR DELTONA, FL 32725				Name	
				Street Address (P.O. Box Number is Not Acceptable) <i>2169 N. Normandy Blvd</i>	
				City <i>Deltona</i> FL Zip Code <i>32725</i>	
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: <i>[Signature]</i>				DATE: <i>10/04/06</i>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY- ST- ZIP	PD BARAJAS, FLORENTINO 1900 W FINLAND DR DELTONA, FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>D</i> HUGO BARAJAS-VERA 2169 N Normandy Blvd Deltona, FL 32725	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CASTANEDA, JOSE A 1900 W FINLAND DR DELTONA, FL 32725	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	600081149066 10/24/06--01029--001 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD RIVERA, JOSE F 1900 W FINLAND DR DELTONA, FL 32725	☐ 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
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 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: <i>[Signature]</i>				DATE: <i>10/4/06</i> 407-467-1187	
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					

JK 10/28