


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000151435		
1. Entity Name AFFORDABLE QUALITY DRYWALL & SCREEN ENCLOSURES, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG -9 AM 11:34

Principal Place of Business 4165 TORNBERRY CIRCLE UNIT 22 LAKE WORTH, FL 33467	Mailing Address 4165 TORNBERRY CIRCLE UNIT 22 LAKE WORTH, FL 33467
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REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032007 REIN-P CR2E098 (1/07)

4. FEI Number  
42-1684307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIL, LUISA M 4165 TORNBERRY CIRCLE UNIT 22 LAKE WORTH, FL 33467		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

**FILE NOW!!! FEE IS \$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	D GIL, LUISA M 4165 TORNBERRY CIRCLE UNIT 22 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600107611656 08/09/07--01026--020 ***300.00
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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 another like empowered.

SIGNATURE: Luisa Gil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/07  
Date

Daytime Phone #