


2009 FOR PROFIT CORPORATION REINSTATEMENT

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

FILED
09 MAY 19 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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04282809 REINHP 082E098 (1/07) 08-09

4. FEI Number 42-1684307	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GIL, LUISA M 4165 TORNBERRY CIRCLE UNIT 22 LAKE WORTH, FL 33467	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete GIL, LUISA M 4165 TORNBERRY CIRCLE UNIT 22 LAKE WORTH, FL 33467	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

200156175802
05/19/09--01035--004 **300.00

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: <u>Luisa Gil</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/20/2009 Date	Daytime Phone #
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5/19/09