

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 13 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800180844028
05/13/10--01030--006 **\$600.00

REINSTATEMENT 07-10
CR2E081 (4/10)

DOCUMENT # p05000154407

1. Corporation Name
HERIBERTO DRYWALL II INC

2. Principal Office Address - No P.O. Box #

2201 PANHANDLE TRAIL

Suite, Apt. #, etc.

City & State

NAVARRE FL

Zip Country
32566 USA

3. Mailing Office Address

2201 PANHANDLE TRAIL

Suite, Apt. #, etc.

City & State

NAVARRE FL

Zip Country
32566 US

4. Date incorporated or Qualified
To Do Business in Florida

11/21/2005

5. FEI Number

20-3833308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NICHOLAS FANELLA

Street Address (P.O. Box Number is Not Acceptable)
434 TANGLEWOOD DR

Suite, Apt. #, Etc.

City
FORT WALTON BEACH

State Zip Code
FL 32547

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Nicholas Fanella
REGISTERED AGENT MUST SIGN

Date 5/10/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	URIEL MARTINEZ	2201 PANHANDLE TRAIL	NAVARRE FL 32566
VD	HERIBERTO MARTINEZ	2201 PANHANDLE TRAIL	NAVARRE FL 32566
VD	MARIEL MARTINEZ	2201 PANHANDLE TRAIL	NAVARRE FL 32566

10. E-mail Address: 2201 PANHANDLE TRAIL NAVARRE FL 32566

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Uriel Martinez

URIEL MARTINEZ

04/10/2010

850-299-6570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/20