

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS000163597**

1. Corporation Name

Hernandez & Flores Drywall Inc.

2. Principal Office Address

3414 19th St. E.

Suite, Apt. #, etc.

City & State

Bradenton

Zip

34208

Country

us

3. Mailing Office Address

3414 19th St. E.

Suite, Apt. #, etc.

City & State

Bradenton

Zip

34208

Country

us

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/05

5. FEI Number

20-3862760

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

Padgett Business Services

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

5540 Bee Ridge Rd. Suite F4

Suite, Apt. #, Etc.

Sarasota, FL 34233

City

State
FL

Zip Code

34233

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

10/5/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Federico Flores	3414 19th St. E.	Bradenton FL 34208
VP	Antonio Hernandez	3414 19th St. E.	Bradenton FL 34208

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Federico Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/06 (941) 587 4925

Daytime Phone #