

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000059117

**FILED**  
**Oct 06, 2009**  
**Secretary of State**

**Entity Name:** ARA DRYWALL SPECIALTY INC

**Current Principal Place of Business:**

110 TYSON CT.  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

110 TYSON CR  
OVIEDO, FL 32765 US

**New Mailing Address:**

110 TYSON CT  
OVIEDO, FL 32765 US

**FEI Number:** 20-4795819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMIREZ, JUAN A  
110 TYSON CR  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

RAMIREZ, JUAN A  
110 TYSON CT  
OVIEDO, FL 32765 US

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.

SIGNATURE: JUAN RAMIREZ

10/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMIREZ, JUAN A  
Address: 110 TYSON CT.  
City-St-Zip: OVIEDO, FL 32765 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN RAMIREZ

P

10/06/2009

Electronic Signature of Signing Officer or Director

Date