


2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P06000090714		
1. Entity Name M B J DRYWALL INC		

Principal Place of Business 8632 ROSA VISTA AVE ORLANDO, FL 32810	Mailing Address 8632 ROSA VISTA AVE ORLANDO, FL 32810
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
07 NOV 16 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/13/2007 REINSTATEMENT CR2E098 (1/07)
4. FEI Number
Not Applicable

6. Name and Address of Current Registered Agent BLANCO PROFESSIONAL SERVICES INC 385 E MAIN ST APOPKA, FL 32703	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$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	P ANDRADE SILVA, CESAR 8632 ROSA VISTA AVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112375358 11/16/07--01024--003 **150.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERCADO, BERENICE 8632 ROSA VISTA AVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	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
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
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
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

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: CCAS 11.13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 16 2007

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M B J Drywall, Inc.
8632 Rosa Vista Ave.
Orlando, FL 32810
(407) 832-0057

November 13, 2007

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Ref. Document # P06000090714

Dear Sirs:

Today we have received the notice of dissolution for lack of filing our Uniform Business Report. We have called the office of the Florida Department of State and explained to your representative that we have never received your first or second notification.

Your notice of dissolution was a shock to us and regretfully it was not an intentional oversight. We certified that we have never received the previous notices. Please, accept our apologies and we respectfully request a consideration and acceptance of the original fee of \$150.00 since we need to keep our corporation active.

According to your instructions, we are sending the report with the check in the amount of \$150.00 to pay the annual report.

We apologize for any inconvenience.

Thank you for your cooperation.

Cordially,


Cesar Andrade Silva