

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -4 PM 1:20

DOCUMENT # P06000108391 1. Entity Name JR SOLORZANO DRYWALL INC					
Principal Place of Business Mailing Address 2455 BAY CLUB DR 2455 BAY CLUB DR NAVARRE, FL 32566 US NAVARRE, FL 32566 US					
2. Principal Place of Business - No P.O. Box # 2023 LUNETTA STREET		3. Mailing Address 2023 LUNETTA STREET			
Suite, Apt. #, etc. APT B		Suite, Apt. #, etc. APT B			
City & State NAVARRE FL		City & State NAVARRE FL			
Zip Country 32566 USA		Zip Country 32566 USA		4. FEI Number 20-5405547	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FANELLA, NICHOLAS R 434 TANGLEWOOD DR FORT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$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	PSD SOLORZANO, RODOLFO B 2455 BAY CLUB DR NAVARRE, FL 32566	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOSA HERRERA, FEDERICO P 2455 BAY CLUB DR NAVARRE, FL 32566	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILAR, ANTONIO A 2455 BAY CLUB DR NAVARRE, FL 32566	☐ Delete			
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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>Rodolfo Solorzano</u> RODOLFO SOLORZANO, PRESIDENT 4/1/2008 850-225-7437 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					