


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000109968 1. Entity Name DANE'S DRYWALL INC.						<div style="text-align: right;"> FILED 07 NOV -2 PM 2:36 STATE TALLAHASSEE, FLORIDA </div>		
Principal Place of Business 3903 SW 78 CT #203 MIAMI, FL 33155				Mailing Address 3903 SW 78 CT #203 MIAMI, FL 33155				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State Zip Country				City & State Zip Country				
4. FEI Number 20-5431514				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ROMERO, JHOUGLAR 3903 SW 78 CT #203 MIAMI, FL 33155				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
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	DP ROMERO, JHOUGLAR 3903 SW 78 CT #203 MIAMI, FL 33155			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Romero JHouglar 3903 SW 78 CT # 203 Miami, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600111648726 11/02/07--01054--006 **150.00		
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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: <i>Jhouglar Romero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/30/07 Daytime Phone #: (786) 278 0388				