

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000134424

Entity Name: TAQUINA DRYWALL INC.

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

4849 DELL AVE
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

4849 DELL AVE.
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 20-5820968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALCOCER, EDWIN
4849 DELL AVE.
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

QUIMBAYA, LUZMARINA
8461 LAKE WORTH RD SUITE 187
LAKE WORTH, FL 33467 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: LUZMARINA QUIMBAYA

01/30/2009

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: ALCOCER, EDWIN
Address: 4849 DELL AVE.
City-St-Zip: LAKE WORTH, FL 33461

Title: VP () Delete
Name: ALCOCER, ROSALINDA
Address: 4849 DELL AVE.
City-St-Zip: LAKE WORTH, FL 33461 US

Title: GM (X) Delete
Name: ALCOCER, RAFAEL
Address: 4849 DELL AVE.
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ALCOCER, RAFAEL
Address: 4849 DELL AVE
City-St-Zip: LAKE WORTH, FL 33461 US

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: EDWIN ALCOCER

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date