PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 AUG 19 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

CR2E081 (11/10)

DOCUMENT # P08000110602

1. Corporation Name
20TH CENTURY DRYWALL, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5951 NW 151 ST. ST	SAME
Suite, Apt. #, etc.: SUITE 203A	Suite, Apt. #, etc.
City & State: MIAMI LAKES	City & State
Zip: 33014 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/2008

5. FEI Number: 26-4138753 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHARLES BRAVO
Street Address (P.O. Box Number is Not Acceptable): 7994 NW 18TH CT
Suite, Apt. #, Etc.:
City: PEMBROKE PINES | State: FL | Zip Code: 33024

800211244018
08/19/11--01002--008 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 8/15/2011
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHARLES BRAVO	7994 NW 18TH CT	PEMBROKE PINES, FL 33024
	REINSTATEMENT		8/22/11

10. E-mail Address: 20THCENTURYOFFICE@ATT.NET
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ CHARLES BRAVO 8/15/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #