

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY  
DIVISION OF CORPORATIONS

11 FEB 23 PM 3:20

DOCUMENT # P09000004052

1. Corporation Name

QUEEN DRYWALL CORP

2. Principal Office Address - No P.O. Box #

53 Palm Cir DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Lake Alfred, FL

City & State

F

Zip

33850

Country

USA/PO/K

Zip

Country

**REINSTATEMENT**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

Solis, Crystal

Street Address (P.O. Box Number is Not Acceptable)

53 Palm Cir Dr.

Suite, Apt. #, Etc.

City

Lake Alfred

State

FL

Zip Code

33850

02/23/11--01023--001 \*\*150.00

400187705904

400187705904

11/12/10--01053--001 \*\*150.00

12/15/10 01024 001 6000

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

x Crystal Solis

Date 1/22/11

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	Solis, Crystal	53 Palm Cir	Lake Alfred, FL 33850
VP	Velasquez, Jose L	53 Palm Cir	Lake Alfred, FL 33850
VP	Coxa, Albert	53 Palm Cir	Lake Alfred, FL 33850
VP	Moreno, Juan C	53 Palm Cir	Lake Alfred, FL 33850

10. E-mail Address: cristalsolis@live.com

(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: x Crystal Solis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #