

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000040582**

1. Corporation Name

**WESTERN DRYWALL, CORP.**

2. Principal Office Address

**1024 SW 10TH STREET**

Suite, Apt. #, etc.

3. Mailing Office Address

**1024 SW 10TH STREET**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33130**

Country

**USA**

City & State

**MIAMI, FL**

Zip

**33130**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/8/1993**

5. FEI Number

**65-0415544**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

See 74 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 97-03**

**7. Name and Address of Current Registered Agent**

Name

**GERMAN VEGA**

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

**1024 SW 10TH STREET**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33130**

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

*German Vega*

REGISTERED AGENT MUST SIGN

Date

**4/1/2003**

**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
<b>PD</b>	<b>GERMAN VEGA</b>	<b>1024 SW 10TH STREET</b>	<b>MIAMI, FL 33130</b>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

*German Vega*

**PRESIDENT**

**4/1/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #