

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000057693

1. Corporation Name Artistic Drywall + Repairs Inc

1003-35368

400024864924
12/10/03--01042--008 **\$6.25

400024864924
12/10/03--01042--007 **\$8.75

2. Principal Office Address		3. Mailing Office Address	
13316 Parkwood St		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hudson FL		Same	
Zip	Country	Zip	Country
34669	USA		

REINSTATEMENT 94-03

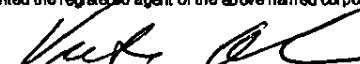
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For
593207375	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 Additional fee required for a Certificate of Status.	

7. Name and Address of Current Registered Agent	
Name Victor Alonso	
Street Address (P.O. Box Number is Not Acceptable) 13316 Parkwood St	
Suite, Apt. #, Etc.	
City Hudson	State FL
	Zip Code 34669

400024864924
11/19/03--01069--026 **\$1650.00

400024864924
11/19/03--01069--027 **\$8.75


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent  **Date** 11-17-03

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
Pres	Victor Alonso	13316 Parkwood St	Hudson FL 34669
V.P.	Victor Alonso	Same	Same
Treas	Rosemarie Alonso	Same	Same
Sec	Rosemarie Alonso	Same	Same

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:  Victor Alonso **Date** 11-17-03 **Daytime Phone #** 727 534-8461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Artistic Drywall & Repairs, Inc
13316 Parkwood St
Hudson, FL 34669
(727)863-3369
(727)534-8461 cell

November 17, 2003

Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Reinstatement for Corporation.

Due to not receiving any yearly renewal, we were not aware of the corporation not being active. When we were giving the state the renewal costs for the State License, I thought this was part of the corporation.

Unfortunately this has caused a problem and since this new workers comp order has passed, this is when we found out we were inactive.

We want to correct the problem by sending a check in the amount of \$1650.00 which will bring us back to an "active status", per the agent I, Rosemarie Alonso, spoke with at the Department of State in October.

She advised me that I needed to attach a letter to "waive the \$600.00 reinstatement fee", which is what I am doing. The original cost would have been \$2250.00 but with the fee waived the total cost is \$1650.00. She said it would be waived as long as I attached this letter to the Corporation Reinstatement form.

I am very sorry that this occurred, but due to inexperience I have learned my lesson.

Sincerely,
Rosemarie & Victor Alonso

Rosemarie Alonso
Victor Alonso