

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070224

1. Corporation Name

FAST DRYWALL CORPORATION

Principal Place of Business

Mailing Address

10300 SW 72 STREET
#323
MIAMI FL 33173
US

10300 SW 72 STREET
#323
MIAMI FL 33173
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FERNANDEZ, DIANA	10300 SW 72 STREET SUITE 323	MIAMI FL
VPSD	FERNANDEZ, ROBERTO	10300 SW 72ND STREET SUITE 323	MIAMI FL
D	MARTINEZ, RODOLFO	10300 SW 72ND STREET STE 323	MIAMI FL
D	Romeo, MAULICIO	10300 SW 72nd St #323	Miami FL
D	Sanchez, VICTOR	10300 SW 72nd St #323	Miami FL
		B. 3/24/99	

8. Name and Address of Current Registered Agent

FERNANDEZ, DIANA
10300 SW 72 STREET #323
MIAMI FL 33173

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of New Registered Agent

300002823633-6

-03/30/99 --01061--0015

****900.00 ****900.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Roberto Fernandez
REGISTERED AGENT MUST SIGN

Date: 12-18-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 *Roberto Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Week Phone #

FILED

99 MAR 19 AM 11:37

STATE OF FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1993

5. FEI Number

65-0443440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)