

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 14 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008209

1. Corporation Name

VDI DRYWALL INC.

2. Principal Office Address

15431 SW 15th PLACE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33326

Country

USA

3. Mailing Office Address

15431 SW 15th PLACE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33326

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-02-1994

5. FEI Number

65-0465053

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

LILLY RODRIGUEZ

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

15341 SW 15th PLACE

900018965309

Suite, Apt. #, Etc.

05/15/03--01003--020 **908 75

City

DAVIE

State

FL

Zip Code

33326

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

Lilly Rodriguez

REGISTERED AGENT MUST SIGN

Date 01-10-03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RODRIGUEZ, LILLY	15341 SW 15TH PLACE	DAVIE, FL. 33326
SD	LEYVA, JULIAN	15341 SW 15TH PLACE	DAVIE, FL. 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03 954-382-6032

Date

Daytime Phone #

CR2E081 (10/02)

2/5/21