

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 9:23

DOCUMENT # P940000 21704

1. Corporation Name
EL DORADO DRYWALL AND
PLASTERING CORP

2. Principal Office Address 168 LAKE BREEZE CIRCLE Suite, Apt. #, etc.		3. Mailing Office Address 168 LAKE BREEZE CIRCLE Suite, Apt. #, etc.	
City & State LAKE MARY, FL.		City & State LAKE MARY, FL.	
Zip 32746	Country	Zip 32746	Country U.S.A

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida MARCH 18, 1994

5. FEI Number
65-0479254

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: Carlos Alberto Ramos

Street Address (P.O. Box Number is Not Acceptable): 168 Lake Breeze Circle

Suite, Apt. #, Etc.:

City: Lake Mary

State: FL Zip Code: 32746

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07/24/03--01024--006 **2100.00

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: _____ Date: 07-22-03

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
P	CARLOS A. RAMOS	168 LAKE BREEZE CIRC.	LAKE MARY, FL. 32746

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: _____ President Date: 7/22/03 Daytime Phone #: (407) 908-2849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)