

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 23 AM 4:56

DOCUMENT # P-94000021704

1. Corporation Name

EL Dorado Drywall + Plastering Corp

STATE
SECRETARY OF STATE
600106729416
07/26/07--01005--004 **1058.75

REINSTATEMENT

W07000015729 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

168 LAKE BREEZE Cir

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE MARY, Florida

City & State

Zip

32746

Country

SEMINOLE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-31-93

5. FEI Number

65-0479254

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 CARLOS ALBERTO RAMOS

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

168 LAKE BREEZE Cir

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3-20/07

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
President	Carlos A. Ramos	168 Lakebreeze Circle Lake Mary, FL. 32746	LAKE MARY, FL. 32746

8/2/23

600106729416
07/26/07--01005--004 **150.00

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 contained in Chapter 119, 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

3/20/07

Date

(281) 853-6256

(407) 998-2849

Daytime Phone #