

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
July 1 AM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000029609

1. Corporation Name

Two Brothers Drywall, Inc.

2. Principal Office Address

11762 SW 88 St.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

11762 SW 88 St.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33186

Country

USA

**REINSTATEMENT 9P-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/14/95

5. FEI Number

65 0584544

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

Bobbi Lopez

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

11762 SW 88 St.

Suite, Apt. #, Etc.

Suite 100

City

Miami, FL 33186

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of  
Registered Agent

Bobbi Lopez

REGISTERED AGENT MUST SIGN

Date

6/30/04

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
D	Isidro Moreno	1650 West 56 Street #224A	Hialeah, FL 33012

600038752796

07/06/04--01037--004 \*\*1650.00

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 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:

Isidro Moreno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/30/04 (1405) 402-2494

Daytime Phone #

CR2E081 (01/04)