

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000029609

1. Entity Name
TWO BROTHERS DRYWALL, INC.



FILED

05 OCT 17 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11762 SW 88 ST.
SUITE 100
MIAMI, FL 33186

Mailing Address

11762 SW 88 ST.
SUITE 100
MIAMI, FL 33186

2. Principal Place of Business

828 Little Creek Rd.
Suite, Apt. #, etc.

3. Mailing Address

828 Little Creek Rd.
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32825

Country
Orange

Zip
32825

Country
Orange

10122005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0584544

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, BOBBI
11762 SW 88 ST.
SUITE 100
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name Sergio Moreno

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

828 Little Creek Rd.

City Orlando

FL

Zip Code 32825

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MORENO, SERGIO
STREET ADDRESS 11762 SW 88 ST., STE. 100
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Moreno, Sergio
STREET ADDRESS 828 Little Creek Rd.
CITY-ST-ZIP Orlando FL 32825 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #