APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 SEP 25 AM 11:21

Make Check Payable To: *Department of State*

Name and Mailing Address of Corporation: DOCUMENT # P96000013588

La Gente Drywall
2540 S.W 60th Ave
Miami, Fla. 33155

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. TALLAHASSEE, FLORIDA

Address

Address

700002643487--5
-09/25/98--01091--012
****908.75 ****908.75

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 1996

4. FEI Number

FEI Number Applied For

FEI Number Not Applicable ✓

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ✓

6. Names and Street Addresses of Each Officer and/or Director

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres/Dir	AMY L. BURKICH	2540 S.W. 60th Ave Miami, Fla. 33155	Miami, Fla

FS. 97-98

REINSTATEMENT

9/25

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name: AMY L. BURKICH

Street Address (Do NOT Use P.O. Box Number): 2540 S.W. 60th Ave

Street Address (Do NOT Use P.O. Box Number):

City and State: Miami FL. Zip: 33155

CR2E040 (8/92)

9. I hereby appoint the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Amy L. Burkich Date: 9/22/98

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ✓ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Amy L. Burkich Date: 9/22/98 Daytime Phone #: (305) 669-4646

Typed or printed name of signing officer or director