

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 11 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037802

1. Corporation Name

TENORIO DRYWALL INC.

REINSTATEMENT

99-02

2. Principal Office Address

4069 Crockers Lake Blvd.

Suite, Apt. #, etc.

Apt. 2821

City & State

Sarasota, FL.

3. Mailing Office Address

P.O. Box 2595

Suite, Apt. #, etc.

City & State

Arcadia, FL.

4. Date Incorporated or Qualified
To Do Business in Florida

04.20.1998

5. FEI Number

593402217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip
34238

Country
USA

Zip
34266

Country
USA

7. Name and Address of Current Registered Agent

Name

Felipe Tenorio Jr

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

4069 Crockers Lake Blvd.

Suite, Apt. #, Etc.

Apt 2821

City

Sarasota, FL.

State

FL

Zip Code

34238

8000053371687-0

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***1200.00 ***1200.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

March. 20. 2002

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.	Felipe Tenorio Jr	4069 Crockers Lake Blvd.	Sarasota, FL 34238
D	Felipe Tenorio J.	5889 SW HWY. 17	Arcadia, FL 34266
D	Erica Martinez	4069 Crockers Lake Blvd.	Sarasota, FL 34238
D	Maria Guadalupe Tenorio	5889 SW HWY. 17	Arcadia, FL 34266
D	Luis A. Tenorio	5889 SW HWY 17	Arcadia, FL 34266
D			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March. 17. 02 941.922.1407

Date

Daytime Phone #

CR2E081 (9/01)