

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 16 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000068501**

1. Corporation Name

A3 DRUWALL INC.

2. Principal Office Address

17035 SW 122 AV

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33177

Country

DADE

3. Mailing Office Address

17035 SW 122 AV

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33177

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

8-6-98

5. FEI Number

65-086-9076

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 A. GUERRA

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

17035 SW 122 AV

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33177

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-2-2001

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

P.

CARLOS GUERRA

17035 SW 122 AV

MIAMI FL 33177

8000003568428-3

-01/24/01--01004--002

******388.00 ****388.00**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-2001 (454) 8681988

Daytime Phone #

CF2E081 (9/99)

2082

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee Fl 32314

Attn: Reinstatement Dpt.

Company Name: A3 Drywall Inc.
Document Number: P98000068501

As per my conversation with your representative by phone as of today, January 5, 2001, I am sending a check for \$300.00 to cover the annual reports fees for A3 DRYWALL INC.

I never received the annual report for 1999, and I didn't know I was supposed to asked for a copy if I don't received it at the beginning of the year. Be sure that this won't happen again.

Thanks for your understanding.

Carlos Guerra
President

A3 Drywall Inc.
17035 S.W. 122 avenue
Miami Fl 33177