APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

CHINTO DRYWALL, INC.

Principal Place of Business

Mailing Address

2561 WHITE BLVD.

2561 WHITE BLVD.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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If above a	addresses are incorrect in any way, line th	rough incorrect in	formation a	nd enter correction below.	RFINS	STATEMEN	Π (1)	
2. New Pri	incipal Office Address, If Applicable	3. New Mailii	ng Office Ad	ldress, If Applicable -		orated or Qualified — less in Florida	1/00/1000	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	and land	5. FEI Number		1/08/1999 Applied For	
City & Stat	· John .	City & State	l d	all	6.	0733267	Not Applicable	
Zip -	Country	Žip .		Country	[75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / St	tate / Zip	
D	D LANDAVERDE, JACINTO		2561 WHITE BLVD.			NAPLES FL 34117		
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	8. Name and Address of Current	Registered Age	nt		9. Name and A	ddress of New Registered	Agent	
				Name				
PERE	Z, LUZ M			Street Address (F	LUZ MA	E19 FEREZ		
25641	SPRINGDALE CT.	-		4.000.7.00.000 (25-641	Springtide (c# .	
BONI	TA SPRINGS FL 34133			Suite, Apt. #, Etc.	•			
				City Bon	uta SP	State FL	Zip Code 34135	
10. I, being	g appointed the registered agent of the ab	ove named corpo	ration, am f	amiliar with and accept the ol	bligations of Section	on 607.0505, F.S.		
Signature o Registered	of Agent Leaf Min	in Re.	ENT WICE	PICAL		Date	-00	
	y tr	EGISTERED AG	ENI MUSI	SIGN				
11. I certify	that I am an officer or director or the rece	iver or trustee em	powered to	execute this application as p	rovided for in cha	pter 607 or 617, F.S. I further	r certify that when filing	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401. 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

KE.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-30-00 Date

Daytime Phone #