PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

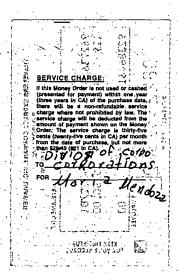
FLORIDA DEPARTMENT OF STATE

Katherine Harris

APPLICATION

REINS					DI OCT 22 AM 10: 56			
Principal Place of Business Mailing Ad			Idress					
7508 36TH AVE. S. TAMPA FL 33619		7508 36TH AV TAMPA FL 33						
	addresses are incorrect in any way, line the	nformation and enter ing Office Address, I			7-0) 9 0 porated or Qualified ness in Florida	158 out \$150	7.00	
Suite, Apt.	#, etc	Suite, Apt. #	Suite, Apt. #, etc.				09/21/1999	
City & State	0	City & State			5. FEI Number Applied For Not Applied For Not Applied For			
Zip	Country	Zip	Count	try	6. CERTIFICATE	E OF STATUS DESIRE	\$8.75 Additional Fee red for a Certificate of Sta	juired tus
7. Names	and Street Addresses of Each Officer and	I/or Director (Flo	orida nonprofit corpor	rations must list at lea	ast 3 directors)		· · · · · · · · · · · · · · · · · · ·	
Title(s)	Name of Officers and/or Directors			treet Address of Each officer and/or Directo		City / State / Zip		
PT	MENDOZA, MARIA C		7508 36TH AVE. S.			TAMPA FL 33619		
VS	MENDOZA, JESUS	7508 36TH AVE. S.			TAMPA FL 33619			
				<u> </u>	<u></u>	***		
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			·	· · · · · · · · · · · · · · · · · · ·				
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
MENDO	OZA, MARIA C				P.O. Boy Number	is Not Acceptable)		CR2E040 (8/01)
7508 36TH AVE. S.					P.O. Box Number is Not Acceptable)			
TAMPA FL 33619			- [
•	,,,,,,,,,,			City			State Zip Code FL	. } \
Signature of Registered 11. I certify this rein owed by	that I am an officer or director or the rece statement application, the reason for diss y the corporation have been paid and the application is true and accurate, and my s	EGISTERED AG selver or trustee er solution has been names of individ- ignature shall ha	EENT MUST SIGN mpowered to execute eliminated, the corp tuals listed on this fo ve the same legal ef	e this application as porate name satisfies	provided for in cha the requirements an exemption unc	Date	1 or 617.0401, F.S., that all fees	
SIGNAT	TURE: Maria	Wend	SIGNING OFFICER OR	resider DIRECTOR	n <i>t</i>	/0/16/	Daytime Phone #	





10-16-2001

Division of Corporations Anual Report/Reinstatement Section PO Box# 6327 Tallahassee F1. 32314

Gentlmen:

As instructed by your office after a phone call to your office, here I am mailing you the application for reinstatement which HAS BEEN SIGNED, since the corrections notice that you say was mailed to us for corrections was never recived, the reason being that the original anual renovation was not signed, which I can not believe it was not signed, but anyway if you say so, here then is this form signed as instructed by your office emplyee, and so have our corporation reinstated.

Respectfully Maria C Mendoza President Four J's Drywall Co. Inc. Doc# P99000086554