

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000106585

1. Entity Name  
OAS DRYWALL INC.



Principal Place of Business  
1335 A ST. LUCIE W. BLVD.  
STE. 307  
PORT SAINT LUCIE, FL 34986

Mailing Address  
303 SW 79TH WAY  
N LAUDERDALE, FL 33068

2. Principal Place of Business  
906 St. Lucie W Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 281

Suite, Apt. #, etc.

City & State  
Port St. Lucie, FL

City & State

Zip

34986 St. Lucie

Zip

Country

10132005

REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0966343

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORTO, OSCAR A  
1335A ST. LUCIE W BLVD.  
STE. 307  
PORT SAINT LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name  
Sorto, Oscar A.

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

6163 GATUN DR.

City  
Port St. Lucie

FL

Zip Code

34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SORTO, OSCAR A  
6163 GOTUN DR.  
PORT SAINT LUCIE, FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000060719220  
10/18/05--01051--011 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Roane OCT 14 2005

FILED  
05 OCT 14 PM 12:46

SECRET  
TALLAHASSEE, FL 32301

