

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000 106142

1. Corporation Name

F. A. B. DRYWALL, INC

2. Principal Office Address

1616 KENDRICK DR

Suite, Apt. #, etc.

E

City & State

KISSIMMEE

Zip

34741

Country

OSCEOLA

3. Mailing Office Address

1616 KENDRICK DRIVE

Suite, Apt. #, etc.

E

City & State

KISSIMMEE

Zip

34741

Country

OSCEOLA

**REINSTATEMENT**

W  
05-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

74-3105715

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

ANGEL BONILLA

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

1616 KENDRICK DRIVE

Suite, Apt. #, Etc.

E

City

KISSIMMEE

State

FL

Zip Code

34741

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

ANGEL BONILLA

Date

5/1/05

REGISTERED AGENT MUST SIGN

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
DPTS	ANGEL BONILLA	1616 KENDRICKS	KISSIMMEE FL 34741
DV	VALERIA BONILLA	1616 KENDRICKS	KISSIMMEE FL 34741
D	BLAS DURAN	1616 KENDRICKS	KISSIMMEE FL 34741

800055233338

06/07/05--01003--007 \*\*300.00

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:

ANGEL BONILLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

407-340-0351

Daytime Phone #

CRZE081 (01/05)

CRZE081 (01/05)

2/2

May 16, 2005

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear: Sirs

Enclosed, I am returning you the paper work and \$300.00 for the reinstatement of our corporation "F.A.B. Drywall, Inc. Doc# P03000106142 on which you sent me. I don't understand what has happened and why, as of this date, I don't have my corporation on active status. I mailed you a reinstatement form and the \$300.00 to get my corporation active. We never received a renewal form for said corporation and had no idea that we had been put on the inactive status. I want to get matters resolved and need for you to reconsider waiving the additional reinstatement fee as I had spoken to someone there in your office last April. We have made the necessary adjustment in our office to make sure that we maintain our payment to you every year. Once again, please reactivate our corporation. Thank you.

Sincerely,

ANGEL BONILLA  
Angel Bonilla  
Director  
F.A.B Drywall, Inc.

Please note our new address as we did not receive this letter from you directly but from our bank. Our problem with the state has been the wrong address. Please correct.