


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G83934	
1. Entity Name P & H PLASTERING & STUCCO, INC.	

FILED  
07 JAN 16 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business SINGLETARY RD. P. O. BOX 183 MYAKKA CITY, FL 34251	Mailing Address SINGLETARY RD. P. O. BOX 183 MYAKKA CITY, FL 34251
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2. Principal Place of Business 2508 Jasmine Way Suite, Apt. #, etc.	3. Mailing Address 2508 JASMINE Way Suite, Apt. #, etc.
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City & State North Port FL	City & State FL
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Zip 34287	Country SARASOTA	Zip 34287	Country SARASOTA
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6. Name and Address of Current Registered Agent
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LAFLEY, PAUL A. 5310 WELLFLEET DR N SARASOTA, FL 34241
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REINSTATEMENT 07

4. FEI Number 59-2365573	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent
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PAUL LAFLEY Street Address (P.O. Box Number is Not Acceptable) 2508 JASMINE Way City North Port FL Zip Code 34287
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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 <u>Paul A. Lafley</u> Signature, typed or printed name of registered agent and title, if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>1/5/2007</u>
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAFLEY, HERBERT S. 1750 JAMAICA WAY PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete <i>Same Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFLEY, PAUL A 5310 WELLFLEET DR N SARASOTA, FL 34241 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LAFLEY, PAUL A 2508 JASMINE Way North Port FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300085641523 01/23/07--01005--023 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Paul A. Lafley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1/5/2007</u> Date	DAYTIME PHONE # <u>941-423 8141</u> Daytime Phone #
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