	PLEASE READ	<u>ALL INS</u>	TRUCTIONS	BEFORE C	COMPLET	ING THIS FO	RM.	
APPLICATION FLORID			DA DEPARTMENT OF STATE		COMPLETING THIS FORM. APPROVED			
	FORC	à	Sandra B. Mo			AND FILE	'}	
BEIN	ISTATEMENT	<i>y</i>	Secretary of S			T Alakai		
11211			DIVISION OF CORPO	TIONS		1998 JAN 14	PM 1: 56	
DOCUMENT # H21277								
1. Corporation Name					SECRETARY OF STATE TALLAHASSET, FLORIDA			
PAUL I	HARTT PLASTERING &	STUCCO), INC.			TWEE LUMGOOD	, , , , , , , , , , , , , , , , , , , ,	
Principal Place of Business Mailing Address					1			
Paul Hartt								
THAT'S A	1228 Enterprise Dr Unit A Pt Charlotte, FL 3306S-3847	12. Pt	23 Enterprise Dr Unit / Charlotte, FL 33953-38	47			JU 2001 91911 61911 61611 91611 1091	
If above	addresses are incorrect in any way, line thi	rough incorrect l	information and enter	correction below.	:			
New Principal Office Address, If Applicable 3. New Ma			iling Office Address, If Applicable		Date Incorp To Do Busin	orated or Qualified ness in Florida	09/17/1984	
Sulte, Apt. #, etc. Suite,			Paul Hartt 1223 Enterprise Dr Unit A		5. FEI Numbe			
City & State City &			Pt Charlotte, FL 33953-3847		59-2456706 Not Applicable			
Zip Country Zip		Zip	Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at								
Title(s)	Name of Officers and/or Directors		Off Off 3 (Do NOT Us	eet Address of Each icer and/or Director se Post Office Boy N	et Address of Each cer and/or Director e Post Office Box Numbers)		City / State / Zip	
PD			22490 CENTRAL			CHARLOTTE HARBOR FL		
						<u> </u>		
					100002401771			
			1		****750.00 ****750.00			
			<i>j</i> .'					
					REINSTATEMENT			
					•			
	9. Name and Address of Corport	Doglatered And		ľ	0 N	Address of New Boole		
8. Name and Address of Current Registered Agent Name					9. Name and /	Address of New Regist	ered Agent	
	Paul Hartt 1\$23 Enterprise Dr Unit A Pt Charlotte, FL 83088 3847		Street Address (P.O. Box Number is Not Acceptable)					
				Builte, Apt. #, Etc.	1, 1,281	of Assert Barrie		
i i	14			СЖу			State Zip Gode	
11	appointed the register of agent of the abo	ve named corpo	oration, am familiar wit	th and accept the ob	ligations of Secti			
Signature of Registered	Agent Agent RE	GISTERED AG	ENT MUST SIGN			Date 10 2	<u> </u>	
	is corporation owes or he angible Personal Propert			ar Yes 🗾	No 🗆		ner side for information Intangible tax.)	
this rein owed by	that I am an officer or director or the receistatement application, the reason for dissory the corporation have been paid and the rapplication is true and accurate, and my signal and the rapplication is true and accurate.	lution has been names of individ	eliminated, the corpor luals listed on this form	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607.0401 or 6	617.0401, F.S., that all fees	
SIGNA	TURE: Sulto	arte	> <u>-</u>		le	2797	941 6270472 Daytime Phone #	
		NTED NAME OF	SIGNING OFFICER OR D	DIRECTOR		Date	Daytime Phone #	