

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M78065

1. Corporation Name

Plastering, Inc.

FILED  
03 AUG 11 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

2110 Crossover Lane

Suite, Apt. #, etc.

City & State

Geneva FL

Zip

32732

Country

USA

3. Mailing Office Address

2110 Crossover Lane

Suite, Apt. #, etc.

City & State

Geneva FL

Zip

32732

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/88

5. FEI Number

59-2896721

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

John D. Mahaffey, Jr., Esquire

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

3113 Lawton Road

Suite, Apt. #, Etc.

225

City

Orlando

State

FL

Zip Code

32803

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

REGISTERED AGENT MUST SIGN

Date

8/1/03

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
P/D	Virginia W. Clark	2110 Crossover Ln	Geneva, FL 32732

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia W. Clark

Date

8/7/03

Daytime Phone #

407-349-5080