PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 16 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reinstatement 02-03 MM

DOCUMENT # P00000008246

1. Corporation Name
Orelien stucco INC.

2. Principal Office Address	3. Mailing Office Address
4501 N.E. 16 AVE	4501 N.E 16 AVE
Suite, Apt. #, etc. Pompano Beach FL	Suite, Apt. #, etc.
City & State	City & State Pompano Beach FL
Zip 33064 Country United states	Zip 33064 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/18/00
5. FEI Number 650976870 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

500020792395
06/11/03--01033--004 **90.00

Name: Orelien Aces
Street Address (P.O. Box Number is Not Acceptable): 4501 N.E 16 AVE
Suite, Apt. #, Etc.
City: Pompano Beach State: FL Zip Code: 33064

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 ______________________ Date ______________

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Orelien Aces	4501 N.E 16 AVE	Pompano Beach Fl. 33064

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.

Home 954 366-3494

SIGNATURE: [signature] Aces Orelien (954) 822-6039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #