

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 3:51

DOCUMENT # P0000036065

1. Corporation Name

McFadden The Plasterer Inc.

000176537910
05/04/10--01052--002 **158.75

000176537910
04/20/10--01020--014 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

10721 SW 155 street

Suite, Apt. #, etc.

3. Mailing Office Address

10721 SW 155 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

US

Zip

33157

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

April 5, 2000

5. FEI Number
650496389

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

Jerry McFadden

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

10721 SW 155 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jerry McFadden

REGISTERED AGENT MUST SIGN

Date

4/16/10

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	Jerry McFadden	10721 SW 155 Street	Miami, FL 33157
V	Rosa L. McFadden	10721 SW 155 Street	Miami, FL 33157

REINSTATEMENT 08-10
B 5/5/10

10. E-mail Address: jerry_mcfadden@att.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Jerry McFadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/10

Daytime Phone #