

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 21 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038261

1. Corporation Name

FLORYAN PLASTERING, INC

2. Principal Office Address

13336 TWINWOOD LANE

Suite, Apt. #, etc.

STE 2012

City & State

ORLANDO

Zip

32837

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/00

5. FEI Number

59-3645702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000005677780--8

-06/04/02--01060--022

\*\*\*300.00 \*\*\*300.00

7. Name and Address of Current Registered Agent

Name

MURIN FLORYANOVICH

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

13336 TWINWOOD LANE, STE 2012

Suite, Apt. #, Etc.

ORLANDO

City

32837

State  
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5-2-02

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
<u>D</u>	<u>MURIN FLORYANOVICH</u>	<u>13336 TWINWOOD LN ST 2012</u>	<u>ORLANDO, FL 32837</u>
<u>V</u>	<u>ELENA FLORYANOVICH</u>	<u>13336 TWINWOOD LN ST 2012</u>	<u>ORLANDO, FL 32837</u>

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)(f), 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:

Mura Floryanovich - VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02

Date

(407) 859-2597

Daytime Phone #

CR2E031 (9/01)

gs 5/28/02

**FLORYAN PLASTERING, INC  
13336 TWINWOOD LN, STE 2012  
ORLANDO FL 32837**

May 1, 2002

To: Florida Department of State

From: Floryan Plastering , Inc  
Document# F00000038261  
F.E.I.N# 59-3645702

In response to your letter about Dissolution of our Company 'Floryan Plastering, Inc', please, be advised that we never received any of Business Uniform Form.

We would like to ask you to reinstate our Corporation (Corporate ID: F00000038261) and wave Reinstatement Fee because of the reasons mentioned above.

We would appreciate your attention and cooperation to this matter.

Truly yours,  
President of Floryan Plastering, Inc

  
Yuri Floryanovich