

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038261

1. Corporation Name

Floryan Plastering, Inc.

2. Principal Office Address

4507 Seafarer Way

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32817

Country

Orange

3. Mailing Office Address

4507 Seafarer Way

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32817

Country

Orange

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

4/10/2000

5. FEI Number

59-3645702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Floryanovich, Elena

800024266848

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

4507 Seafarer Way

Suite, Apt. #, Etc.

Orlando

City

Orlando

State

FL

Zip Code

32817

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 October 14, 2003

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	Floryanovich, Yurity	4507 Seafarer Way	Orlando, FL 32817
VP	Floryanovich, Elena	4507 Seafarer Way	Orlando, FL 32817

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:

Floryanovich, Elena

10/14/03

407-657-1654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #