

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 1

02 APR 15 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

CORPORATION  
REINSTATEMENT

UGR

01-02

DOCUMENT # P00000050003

1. Corporation Name

One-Way Stucco Enterprises, Inc.

2. Principal Office Address

2835 Bayview Way

3. Mailing Office Address

1010 Creighton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32503

Country

Escambia

Zip

32503

Country

Escambia

4. Date Incorporated or Qualified  
To Do Business in Florida

May 15, 2000

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

300005273293--7  
-04/15/02--01101--019  
\*\*\*345.00 \*\*\*310.00

7. Name and Address of Current Registered Agent

Name

Kievit, Kelly & Odom

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

15 West Main Street

Suite, Apt. #, Etc.

City

Pensacola

State  
FL

Zip Code  
32501

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

*Bradley S. Odom*  
REGISTERED AGENT MUST SIGN

Date 04/10/02  
President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Kievit, Kelly & Odom

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	Stephen Davis	2835 Bayview Way	Pensacola, FL 32503
D, S, T	Mellonee Davis	2835 Bayview Way	Pensacola, FL 32503

SP4/15/02

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:

*Stephen Davis*  
STEPHEN DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02  
Date

(850) 304-6021  
Daytime Phone #

CR2E081 (9/01)

2835 Bayview Way  
Pensacola, FL 32503  
March 21, 2002

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: One-Way Stucco Enterprises, Inc.

Ladies & Gentlemen:

One-Way Stucco Enterprises, Inc., was involuntarily dissolved for failure to file its Uniform Business Report for 2001. At the time forms for this report were sent out the other principal in the business and I were in the process of terminating our association. Even though I continued the business and he withdrew from it, I know that he received mail intended for the corporation and failed or refused to forward it to me. In all probability the form for the Uniform Business Report and any other notices related to it were destroyed by my former associate.

Because I did not receive this form or any related notices I ask that your office waive payment of the reinstatement fee.

Thank you for giving this your consideration.

Very truly yours,



Stephen Davis, President  
One-Way Stucco Enterprises, Inc.

SD/RWK:skh