PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION FOR** FILED REINSTATEMENT P00000088695 DOCUMENT # 01 DEC 24 PM 12: 44 1. Corporation Name SLUKLIAKY DE STATE TATLAHASSEE FLORIDA DAY PLASTERING INC. Principal Place of Business Mailing Address 52-14 N. ORANGE BLOSSOM TRAIL 52/14 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810 4308 ORLANDO FL 32810 # 308 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/18/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8:75 Additional Feer equired Zip Žip Country Country CERTIFICATE OF STATUS DESIRED ... for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 52-14 N. ORANGE BLOSSOM TRAIL. # D ROSALES, DAVID A Orlando FL 32810 ****160.00 ****160.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ROSALES, DAVID A Street Address (P.O. Box Number is Not Acceptable) 5214 N. ORANGE BLOSSOM TRAIL, #308 ORLANDO FL 32810 Suite, Apt. #, Etc. State Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent GENT MUST SIGN 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 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

SIGNATURE AND TYPE CA PRILIPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: