

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

FILED

06 FEB 28 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000011704

1. Corporation Name

Stucco Designs by Jim, Inc.

2. Principal Office Address

6333 Grant St.

Suite, Apt. #, etc.

City & State

Hollywood, Fl.

Zip

33024

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

500067888015

03/15/06--01011--008 **458.75

REINSTATEMENT

CR2E081 (12/05)

04-06

WSP

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/5/00

5. FEI Number

65-1069207

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

Filings, Inc.

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

3732 NW 16th Street

Suite, Apt. #, Etc.

City

Ft Lauderdale Fl.

State

FL

Zip Code

33311

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

Brenda Brown / Brenda Brown

Date 2/27/06

REGISTERED AGENT MUST SIGN

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
D/P	James Agnew	6333 Grant St.	Hollywood, Fl. 33024

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

Date

954-295-7596

Daytime Phone #

2/27/06 Att: Division of Corps ²⁵²

Please be advised that we
did not receive our 2004
and 2005, 2006 Annual Reports.

Our correct mailing and
principle address is

6333 Grant Street
Hollywood FL 33024

Please reinstate & include
CGS.

Y James H. Gorman

Director / Pres.