

attachment 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -7 PM 3:55.

DOCUMENT # 800 000 111 704

1. Corporation Name

Stucco Designs By Jim Inc.

2. Principal Office Address - No P.O. Box #

6333 GRANT ST.

Suite, Apt. #, etc.

3. Mailing Office Address

6333 GRANT ST.

Suite, Apt. #, etc.

City & State

Hollywood FL.

Zip

33024

Country

BROWARD

City & State

Hollywood FL.

Zip

33024

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

JAMES G. AGNEW

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

6333 GRANT ST.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

James G. Agnew

REGISTERED AGENT MUST SIGN

Date *1-5-09*

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
<i>OWNER PRES.</i>	<i>JAMES G. AGNEW</i>	<i>6333 GRANT ST.</i>	<i>Hollywood FL. 33024</i>

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01/07/09--01051--004 **450.00

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:

James G. Agnew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-09

Date

954-295-7596

Daytime Phone #

REINSTATEMENT

07-09KS

1-5-09

I JAMES AGNEW owner of Stucco
Designs By Jim Inc. did not receive
paper work

James L. Agnew