

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004290

1. Corporation Name

S.J STUCCO, INC.

Principal Place of Business

265 NE 30 ST  
POMPANO BEACH FL 33064

Mailing Address

265 NE 30 ST  
POMPANO BEACH FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/2001

5. FEI Number

65-1065696

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)  
1

Name of Officers  
and/or Directors  
2

Street Address of Each  
Officer and/or Director  
3

City / State / Zip  
4

P

JURADO, SAUL

265 NE 30 ST

POMPANO BEACH FL 33064

V

JURADO, NOEMI

265 NE 30 ST

POMPANO BEACH FL 33064

000008812010  
11/05/02--01100--008 \*\*150.00

8. Name and Address of Current Registered Agent

JURADO, SAUL  
265 NE 30 ST  
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature Required*  
REGISTERED AGENT MUST SIGN

Date

11/1/02

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

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02 (954) 880903

CR2E040 (802)

11/1/02

PO1000004290

to whom it may concern

My name is S. J. Stacco, Inc with present

Address at 265 NE 30 St, Pompano Beach,

FL 33064.

The reason of writing is because I just received an application for Reinstatement.

I never received any application for reinstatement before this is the first time I received some thing from you.

According to our conversation on the phone I'm sending this letter

with a check of \$100.00 to reinstate my corp. I apologize for the