

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000015272**

1. Corporation Name

J.R. PLASTERING INC.

Principal Place of Business

Mailing Address

**9131 NW 13 STREET
GAINESVILLE FL 32609**

**9131 NW 13 STREET
GAINESVILLE FL 32609**

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

2. New Principal Office Address, If Applicable

2926 NE 20th WAY #5

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2926 NE 20th WAY #5

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

59-3699976

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROWE, JOHN L	9131 NW 13 STREET 2926 NE 20th WAY #5	GAINESVILLE FL 32609

900023921419
10/17/03--01099--007 **750.00

8. Name and Address of Current Registered Agent

**ROWE, JOHN L
9131 NW 13 STREET
GAINESVILLE FL 32609**

9. Name and Address of New Registered Agent

Name

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

2926 NE 20th WAY #5

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

John Rowe

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

John Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-03

Daytime Phone #

CR2E040 (7/03)