

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03482

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -6 PM 3:00

DOCUMENT # PD1000020337

**1. Corporation Name**

TASHIN PLASTERING & STUCCO INC

**2. Principal Office Address**

1409 S. H STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

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

**5. FEI Number**

59-3706862

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOSE I TURCIOS

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

1409 SOUTH H STREET

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

**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

Jose I Turcios

REGISTERED AGENT MUST SIGN

Date

5/1/03

**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
P	JOSE I TURCIOS	SAME AS ABOVE	SAME AS ABOVE
VP	MARIA J TURCIOS	SAME AS ABOVE	SAME AS ABOVE

**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 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:**

MARIA J TURCIOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

561-588-9796

Daytime Phone #

CR2E081 (10/02)