

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000036369**

1. Corporation Name

Signature Plastering, Inc

2. Principal Office Address

851 E 13th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Zip

34994

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Apr 6, 2001

5. FEI Number

65-1098854

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

JEFF DUBOIS

100006662961--8

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

851 E 13th St

-07/25/02--01049--023

*****\$50.00 ***\$50.00**

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

Jeff Dubois

REGISTERED AGENT MUST SIGN

Date

7-15-02

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/S	JEFF DUBOIS	851 E 13th St	Stuart FL 34994
D/VP	SCOTT BALL	845 E 13th St	Stuart FL 34994
D/T	DANIEL McMILLON	9388 Norton Ave	Horse FL 34945

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:

Jeff Dubois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-02

Date

561/475-5009

Daytime Phone #

CR2E081 (9/01)