


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P01000042932

1. Corporation Name

BRISTOL PLASTERING CORP.

Principal Place of Business

6034 DEWEY STREET
HOLLYWOOD FL 33023

Mailing Address

6034 DEWEY STREET
HOLLYWOOD FL 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2005

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3713225

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addition
for a Certificate

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
P	BRISTOL, FERDINAND	6034 DEWEY STREET	HOLLYWOOD FL 33023
		6034 DEWEY STREET	HOLLYWOOD FL 33023
S	BRISTOL, WINIE	6034 DEWEY STREET	HOLLYWOOD FL 33023

400054211164

04-10-2005-012 **150.00

From ONLY FERDINAND BRISTOL & WINIE
TO WHOM ITS MAY CONCERN TAKE UP ALL OF PEOPLE NAME PLEASE
God Bless. I am TRULY YOURS Ferdinand Bristol

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BRISTOL, FERDINAND 6034 DEWEY STREET HOLLYWOOD FL 33023	Name FERDINAND BRISTOL Street Address (P.O. Box Number is Not Acceptable) 6034 DEWEY ST Suite, Apt. #, Etc. City H/W D State FL Zip Code 33023

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

Ferdinand Bristol

REGISTERED AGENT MUST SIGN

Date 04-10-2005

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