

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 25 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074736

1. Corporation Name

Indian River Plastering Inc.

400076203844

06/14/06--01040--016 **1358.75

2. Principal Office Address

716 McDermott Ave

Suite, Apt. #, etc.

3. Mailing Office Address

716 McDermott Ave

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32935

Country

Brevard

City & State

Melbourne, FL

Zip

32935

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

7-01

5. FEI Number

59 37 38 411

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

CARRIE L. JOHNSON

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

716 McDermott Ave

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

Carrie Johnson
REGISTERED AGENT MUST SIGN

Date 5-15-06

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	Kenneth P. Johnson	716 McDermott Ave	Melbourne, FL 32935
VP	Ronald Deweese	2340 4th St	Vero Beach, FL 32962

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 contained in Chapter 119, 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:

Kenneth Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-06
Date

321-2544037
Daytime Phone #