

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 OCT 19 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 801000089304					
1. Corporation Name A & T EURO STUCCO, INC					
2. Principal Office Address - No P.O. Box #			3. Mailing Office Address		
Suite, Apt. #, etc. 734 KELLY ST			Suite, Apt. #, etc. 4166 BUFORD HWY		
City & State DESTIN FL			City & State ATLANTA GA		
Zip 32541	Country	Zip 30345	Country		
7. Name and Address of Current Registered Agent					
Name TICARAT, ADRIAN					
Street Address (P.O. Box Number is Not Acceptable) 734 KELLY ST					
Suite, Apt. #, Etc.					
City DESTIN		State FL	Zip Code 32541		
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 Adrian Ticarat				Date 10/15/07	
REGISTERED AGENT MUST SIGN					
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	
President	TICARAT, ADRIAN	734 KELLY ST		DESTIN FL, 32541	
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: Adrian Ticarat TICARAT, ADRIAN				Date 10/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 850-830-6778	

4. Date Incorporated or Qualified To Do Business in Florida 9/7/01	
5. FEI Number 59-345967	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	

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