


1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 SEP 21 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
1. Corporation Name: Wall Doctor Plastering Inc.  
P 01000101825

100041606921  
10/05/04--01040--025--\*\*458.75

2. Principal Office Address <u>1326 Colorado St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P O Box 6154</u> Suite, Apt. #, etc.	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32304</u>	Country <u>Leon</u>	Zip <u>32314</u>	Country

**REINSTATEMENT**

02-04

4. Date Incorporated or Qualified To Do Business in Florida <u>10/22/01</u>	
5. FEI Number <u>60-0001225</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Mary Frances Mernitt</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>250 Hazelwood Road</u>		
Suite, Apt. #, Etc.		
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32305</u>

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: Mary F. Mernitt Date: 9-21-04

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
S/D	Mary F. Mernitt	250 Hazelwood Rd	Tallahassee, FL 32305
P/D	Edward Barber	2592 Eddie Road	Tallahassee, FL 32308
VP/D	Shunke Barber	2592 Eddie Road	Tallahassee, FL 32308

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: Mary F. Mernitt Date: 9-21-04 Daytime Phone #: 545-2567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

2012

Wall Doctor Plastering Inc.

PO1000101825

1326 Colorado St.

Tallahassee, FL 32304

To whom it may concern:

I did not receive the 1st annual renewal form nor did I receive the 2nd notice, could you please reinstate annual corporation report and waive the 100.00 fee so that I can get work. The renewal was not received for the year 2002 thru 2004.

Edward Barber