

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 # P01000111444

1. Corporation Name

SOUTHERN STUCCO & PAINT, INC.

Principal Place of Business

4549 BLUEBERRY WOODS CIRCLE N.  
JACKSONVILLE FL 32258

Mailing Address

4549 BLUEBERRY WOODS CIRCLE N.  
JACKSONVILLE FL 32258

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2001

5. FEI Number

59-3756395

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	CASH, MICHELLE	4549 BLUEBERRY WOODS CIRCLE N.	JACKSONVILLE FL 32258
V	HARDIN, JOHN	4549 BLUEBERRY WOODS CIRCLE N.	JACKSONVILLE FL 32258

000024387110  
11/03/03--01093--001 \*\*150.00

8. Name and Address of Current Registered Agent

CASH, MICHELLE  
4549 BLUEBERRY WOODS CIRCLE N.  
JACKSONVILLE FL 32258

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/30/03

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 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 1.19.07(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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

(904) 880-7002

CR2E040 (7/03)



# **Southern Stucco & Paint, Inc.**

---

**4549 Blueberry Woods Circle N.  
Jacksonville, FL 32258  
Office: 904-880-7002  
Fax: 904-880-7045**

**October 30, 2003**

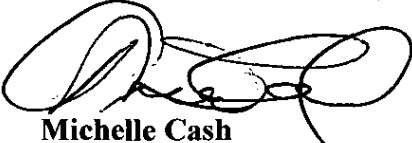
**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: Document # P01000111444  
Federal ID# 59-3756395**

**I have received your Notice of Administrative Dissolution or Revocation. I would like to have our corporate status reinstated to "Active". During the time the Annual Business Report was due to be filed, I was going through a difficult pregnancy, had early labor and delivered prematurely. I did not receive the notices. Please accept my payment of \$ 150.00 for UBR filing fee and reinstate my corporate status. Your consideration is greatly appreciated.**

**Thank you.**

**Sincerely yours,  
Southern Stucco & Paint, Inc.**



**Michelle Cash**