PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DOCUMENT # P01000113105

1. Corporation Name

DEWAYNE CURTIS PLASTERING, INC.

Principal Place of Business

Mailing Address

160 CRICKET AVE PALATKA FL 32177 160 CRICKET AVE PALATKA FL 32177

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

FILED

03 DEC 12 PH 12: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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n above a	uulesses ale	incorrect in any way, inte tri	rough inconect is	illormation a	and enter t	correction below.	l				
New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 11/26/2001				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number Applied For					
City & State City & State			City & State				1	59-3756784 Not App			
Zip		Country	Zip		Country	/	6. CERTIFICAT	E OF STATUS DESIRED		tional Fee required tificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	CURTIS, DEWAYNE JR			160 CRICKET AVE				PALATKA FL 32177			
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					REINST						

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8. Name and Address of Current Registered Age				ent				Address of New Register	ed Agent		
				Name .							
CURTIS, ARLENE 160 CRICKET AVE				Street Address (P.O. Box Number is Not Acceptable)							
PALATKA FL 32177				Suite, Apt. #, Etc.							
				City			State Zip Code				
10. I, being	appointed the	e registered agent of the abo	ove named corpo	oration, am f	familiar wit	h and accept the ob	oligations of Sect	ion 607.0505, F.S. or 617.0	0505, F.S.		
Signature o Registered	f Agent/	When &	CUTU EGISTERED AG	L! O	r sign	,		Date	4/03		
											

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

38x 325 881

Daytime Phone #

CR2E040 (7/03