

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG2000003444

1. Corporation Name

Orea Stucco Inc.

REINSTATEMENT 03

600025259096
12/05/03--01053--010 **150.00

2. Principal Office Address

2412 Nansen Ave

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32817

Country

USA

3. Mailing Office Address

2412 Nansen Ave.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32817

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 7, 2002

5. FEI Number

02-0531971

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

Luis Orea

Name

2412 Nansen Ave

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

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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

X Luis Orea

REGISTERED AGENT MUST SIGN

Date X 12-2-2003

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	Luis Orea	2412 Nansen Ave	Orlando FL 32817

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: X Luis Orea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

December 1, 2003

Division of Corporation
Department of State
P.O Box 6327
Tallahassee, Fl 32314

Orea Stucco Inc.
Luis Orea
8701 E. Colonial Drive Lot 2
Orlando FL 32817

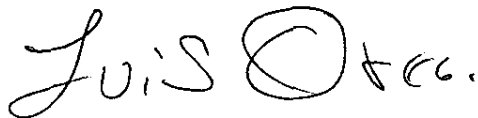
Re: EIN# 02-0531971
P02000003444

To Whom It May Concern:

The reason for this letter is to inform you that I have never received the annual reports for my corporation. Also, I have never received any information on its whereabouts or if they were lost. Please feel free to contact me if you have any further concerns.

Sincerely,

Luis Orea
President

A handwritten signature in black ink that reads "Luis Orea". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.