

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000034176

1. Corporation Name

OLD TIME PLASTERING, INC.

2. Principal Office Address

2434 PENBROOK DR

Suite, Apt. #, etc.

3. Mailing Office Address

2434 PENBROOK DR

Suite, Apt. #, etc.

City & State

FERNANDINA BCH, FL

Zip

32034

Country

US

City & State

FERNANDINA BCH, FL

Zip

32034

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/22/02

5. FEI Number

731635099

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

Name

CASSIN PARNELL

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

2434 PENBROOK DR

Suite, Apt. #, Etc.

City

FERNANDINA BCH

State

FL

Zip Code

32034

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

Cassin Parnell

Date 4-4-05

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
PV	CASSIN PARNELL	2434 PENBROOK DR	FERNANDINA BCH, FL 32034

780056265887
06/18/05--01059--001 ***450.00

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:

Cassin Parnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-05

Daytime Phone #

CR2E081 (01/05)

OLD TIME PLASTERING, INC.

2434 Penbrook Drive
Fernandina Beach, Florida 32034
(904) 343-8405

April 4, 2005

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

To Whom this Concerns:

I called this office on April 1, 2005 and spoke with one of the staff members and was advised to send a letter stating why I have not been paying the taxes and a money order for \$450.00 to resolve this matter.

I am a new business owner. My accountant, Jim Fischer, informed me that I had not been paying my taxes for being incorporated. I was under the impression that Mr. Fischer paid the taxes when he prepared my taxes yearly. Mr. Fischer advised me that it was my responsibility to pay the taxes, not his. I fully understand it is my responsibility to pay these taxes yearly and therefore, they will be paid yearly and in a timely manner.

Please accept my payment of \$450.00. If you have any questions or comments, please contact me at (904) 383-8405.

Thank you,

Cassin Parnell



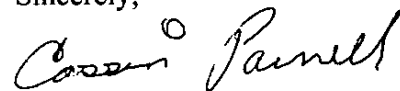
May 18, 2005

Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sirs:

This letter is in response to your enclosed letter 505A00029637 regarding the reinstatement of Old Time Plastering, Inc., document number P02000034176. I am submitting the filing fee you requested of \$450.00 and asking that you waive the reinstatement fee of \$600.00 due to the fact that I never received the original or second notice of the annual report. Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Cassin Parnell". The signature is written in a cursive style with a circular flourish at the end of the last name.

Cassin Parnell, President