

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



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

FILED

04 JUN -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038357

1. Corporation Name

SOUTH FLORIDA PLASTERING INC.

2. Principal Office Address

1020 N.W. 112nd Street

3. Mailing Office Address

1020 N.W. 112nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33168

Country

U.S.A.

Zip

33168

Country

U.S.A.

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

04/05/2002

5. FEI Number

03-0422082

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

ONELIO TUDELA

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

1020 N.W. 112nd Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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**

Onelio Tudela

REGISTERED AGENT MUST SIGN

5/27/2004

Date

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
DP	ONELIO TUDELA	1020 NW 112nd Street	Miami Florida 33168

600037529816
06/01/04--01078--003 **300.00

REINSTATEMENT 03-04

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:

Onelio Tudela
ONELIO TUDELA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/2004 (786) 587-5448

Date

Daytime Phone #

CR2E081 (9/01)

P97C207

May 27, 2004
Ref: Odelio Tudela
1020 N.W. 112 St.
Mia. Fla. 33168

Division of Corporation
Reinstatement Section
Tallahassee, Fla.

Gentleman: The reference of this letter is to advise
~~the fact, that I could not send my annual reports timely,~~
because I am new in this business, and I have no
knowledge that I have to send this payment, and I
also never received any communication or report, please
help me with this matter of reinstate my corporation; this
is not going to happen to me again, because this is a bad
experience, I appreciate your help, I need my
corporation to be active to start into a job, and
I beg a help from your office or dependency.

Thanks for all the help given
to my petition

Sincerely,

Odelio Tudela