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APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000054815

1. Corporation Name

MARK AMBROSE STUCCO, INC.

Principal Place of Business

Mailing Address

20 LAKE ELOISE LANE  
WINTER HAVEN FL 3388420 LAKE ELOISE LANE  
WINTER HAVEN FL 33884

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/2002

5. FEI Number

59-3705919

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AMBROSE, MARK A	20 LAKE ELOISE LANE	WINTER HAVEN FL 33884

REINSTATEMENT

03

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMBROSE, MARK A  
20 LAKE ELOISE LANE  
WINTER HAVEN FL 33884

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

Mark Ambrose

Date

10-24-03

REGISTERED AGENT MUST SIGN

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:

Mark A. Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-03

Daytime Phone #

MARK AMBROSE STUCCO, INC.  
20 LAKE ELOISE LANE  
WINTER HAVEN, FL. 33884

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FLORIDA DEPARTMENT OF STATE:

ATTEN: REINSTATEMENT CENTER

PLEASE PROCESS OUR 2003 FOR PROFIT CORP. UNIFORM BUSINESS REPORT  
DOC.# P02000054815. THIS WAS OUR FIRST FILING OF THIS REPORT AND WE  
WERE NOT SURE ABOUT THIS FILING. WHEN WE MAILED THIS IN WE  
THOUGHT IT WAS TAKEN CARE OF UNTIL TODAY I DID NOT REALIZE OUR  
FORMS HAD LAPSED. PER SOMEONE AT THE DEPARTMENT OF STATE  
TOLD US THERE WAS ADDITIONAL INFORMATION NEEDED FOR MY  
HUSBAND. THEY NEEDED THE FEI # 59-3705919. WE DID NOT RECEIVE ANY  
ADDITIONAL REQUEST ON THIS CORPORATION.

PLEASE WAVE THE ADDITIONAL FEE AND REINSTATE OUR CORP. FORMS.  
I WILL MAKE SURE THE FORMS ARE COMPLETED ON NEXT YEARS  
RETURN.

THANK YOU,

MARK AMBROSE & RHONDA AMBROSE  
863-287-5987 CELL 863-326-6180 HOME 863-421-4545 OFFICE

P.S. PLEASE SEE ATTACHED CHECK THAT WE MAILED IN THINKING THIS  
WAS TAKEN CARE OF.