PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

700025482567
12/15/03--01010--028 **158.75

DOCUMENT # **P02000085892**

1. Corporation Name

**JOEL GREIFZU STUCCO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 404 PAMETO RD.<br>NOKOMIS FL 34275 | 404 PAMETO RD.<br>NOKOMIS FL 34275 |

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. | | 1031 Cumberland Rd<br>Suite, Apt. #, etc. | |
| City & State | | Venice, Fl<br>City & State | |
| Zip | Country | Zip 34293 | Country U.S |

4. Date Incorporated or Qualified To Do Business in Florida 08/07/2002

5. FEI Number 113650797 — 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 |
|---|---|---|---|
| PTD | GREIFZU, JOEL | 107B AVENIDA DE. BAHIA | NOKOMIS FL 34275 |
| VD | JACINTO, ERNESTO | 403 ORANGE GROVE AVE. SOUTH | NOKOMIS FL 34275 |
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| | | | |
| | | | |
| | | | |

**8. Name and Address of Current Registered Agent**

GREIFZU, JOEL
107B AVENIDA DE BAHIA
NOKOMIS FL 34275

**9. Name and Address of New Registered Agent**

Name Joel Greifzu
Street Address (P.O. Box Number is Not Acceptable) 1031 Cumberland Rd
Suite, Apt. #, Etc.
City Venice — State FL — Zip Code 34293

CR2E040 (7/03)

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 [signature] Date 11/24/03
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:** [signature] Joel T. Greifzu 11/24/03 941-270-6374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/24/03

Dear Glenda E. Hood,

I apologize for this hand written letter, my printer is down. I wanted to explain that this is the first UBR I have received from you. So, I have enclosed a check for 150.00 plus 8.75 for certificate of Status. Also, you will notice a change of address so we will not encounter this situation in the future. Thank you,

Sincerely,

Joel T. Greifzu

Joel T. Greifzu - President