

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

**DOCUMENT # P02000085892**

1. Corporation Name

**JOEL GREIFZU STUCCO, INC.**

Principal Place of Business

Mailing Address

404 PAMETO RD.  
NOKOMIS FL 34275

404 PAMETO RD.  
NOKOMIS FL 34275

**REINSTATEMENT 03**



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

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

4. Date Incorporated or Qualified To Do Business in Florida

08/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

113650797

Not Applicable

Zip

Country

Zip

Country

34293 U.S

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREIFZU, JOEL  
107B AVENIDA DE BAHIA  
NOKOMIS FL 34275

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

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

*Joel T. Greifzu*  
REGISTERED AGENT MUST SIGN

Date

11/24/03

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:

*Joel T. Greifzu* Joel T. Greifzu

Date

11/24/03 941-270-6374

Daytime Phone #

CFR2E040 (7/03)

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.<sup>00</sup> plus 8.<sup>75</sup> 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. Greitzer

Joel T. Greitzer - President