

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
A 1000 PLASTERING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$300.00

thanks!

Electronic Filing Menu


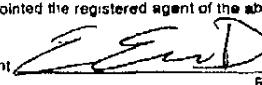
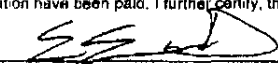
Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>10 FEB -5 AM 10:55</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>																													
<b>DOCUMENT # P02000097013</b>																																	
<b>1. Corporation Name</b> <b>A 1000 PLASTERING, INC.</b>																																	
<b>2. Principal Office Address - No P.O. Box #</b> <b>2760 FOXHALL DR</b> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <b>2760 FOXHALL DR</b> <small>Suite, Apt. #, etc.</small>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>09/09/2002</b> <b>5. FEI Number</b> <b>300132630</b> <input type="checkbox"/> <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																													
<b>City &amp; State</b> <b>WEST PALM BEACH, FL</b>		<b>City &amp; State</b> <b>WEST PALM BEACH, FL</b>																															
<b>Zip</b> <b>33417</b>	<b>Country</b> <b>US</b>	<b>Zip</b> <b>33417</b>	<b>Country</b> <b>US</b>																														
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> <b>ELVIN E. ALVIR</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>2760 FOXHALL DR</b> <small>Suite, Apt. #, Etc.</small> <b>City</b> <b>WEST PALM BEACH, FL</b>																																	
<b>State</b> <b>FL</b>				<b>Zip Code</b> <b>33147</b>																													
<b>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.</b> <b>Signature of Registered Agent</b>  <b>2/4/2010</b> <b>REGISTERED AGENT MUST SIGN</b>																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>ELVIN E. ALVIR</td> <td>2760 FOXHALL DR</td> <td>WEST PALM BEACH, FL 33417</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	ELVIN E. ALVIR	2760 FOXHALL DR	WEST PALM BEACH, FL 33417																				
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PD	ELVIN E. ALVIR	2760 FOXHALL DR	WEST PALM BEACH, FL 33417																														
<b>10. E-mail Address:</b> <span style="float: right;">20215</span>																																	
<small>(To be used for future annual report notification)</small>																																	
<b>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, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath</b>																																	
<b>SIGNATURE:</b> 		<b>ELVIN E. ALVIR</b>		<b>2/4/2010</b>																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																													

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