

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102190

1. Corporation Name

L.M.H. Stucco + Plastering Inc.

2. Principal Office Address

58 N. Alder dr

Suite, Apt. #, etc.

3. Mailing Office Address

58 N. Alder dr

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32807

Country

Orange

Zip

32807

Country

Orange

REINSTATEMENT

900023400749

09/29/03--01061--006 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 19, 2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leon M. Hammons

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

58 N. Alder dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

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

Leon M. Hammons

Date

9/24/03

REGISTERED AGENT MUST SIGN

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
Vice President	Valerie Hammons	58 N. Alder dr Orl FL 32807	Orlando FL 32807
Sec.	DAVINEEN Hammons	58 N. Alder dr	Orlando FL 32807
President	Leon M. Hammons	58 N. Alder dr	Orlando FL 32807

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:

Valerie Hammons Valerie Hammons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/03

Date

407-207-0147

Daytime Phone #

CR2E081 (10/02)

71 9/30