

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000105968

1. Corporation Name

Extreme Plastering Inc.

2. Principal Office Address

1932 SE Dock St

Suite, Apt. #, etc.

3. Mailing Office Address

1222 S.W. LAWNDALE AVE

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

PORT ST. LUCIE FL

Zip

34952

Country

Zip

34953

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-27-02

5. FEI Number

38-3662113

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Kim Dwyer

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

1932 S.E. Dock St

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34952

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

X Kim Dwyer

Date

3/20/04

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
<u>P/D</u>	<u>Catinella, Anthony</u>	<u>1932 SE Dock St</u>	<u>Port St Lucie FL 34952</u>

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:

Anthony Catinella  
Anthony Catinella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

(772) 335-8443

Daytime Phone #

FILED

04 MAR 31 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

300031578383

03/31/04--01074--005 \*\*900.00

CR2E081 (01/04)