

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 NOV 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117490

1. Corporation Name

HARVELL PLASTERING, INC.

Principal Place of Business

Mailing Address

4408 COPPERWOOD PLACE
PACE FL 32571

4408 COPPERWOOD PLACE
PACE FL 32571

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.

1900 Hwy 87, Unit G

Suite, Apt. #, etc.

1900 Hwy 87, Unit G

City & State
Navarre, Florida

City & State
Navarre, Florida

Zip
32566

Country
USA

Zip
32566

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

3-4519174

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HARVELL, CHADRICK S	4408 COPPERWOOD PLACE	PACE FL 32571
P	Harvell, Chadrick S	9643 Bone Bluff Drive	Navarre, FL 32566
V	Harvell, Sharon K	9643 Bone Bluff Drive	Navarre, FL 32566

8. Name and Address of Current Registered Agent

HARVELL, CHADRICK S
4408 COPPERWOOD PLACE
PACE FL 32571

9. Name and Address of New Registered Agent

Name

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

9643 Bone Bluff Drive

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

REGISTERED AGENT MUST SIGN

Date

11-12-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-12-03 858-232-4026

CR2E040 (7/03)



HARVELL PLASTERING, INC.

1900 Hwy 87, Unit G Navarre, FL 32566
(850) 936-5323 phone (850) 936-0688 fax

November 12, 2003


Department of State
Division of Corporations

RE: Harvell Plastering, Inc., Dissolution of Corporation

To Whom It May Concern:

We received a letter from your office stating that our corporation had been dissolved as of September 19, 2003. I spoke with your office on November 12, 2003 and was told that our document was rejected in May and that a letter was sent to us regarding this matter. We never received a letter stating any reasons for this and we were not aware that there was question or insufficient information on our original form sent. I am enclosing a check in the amount of \$88.75 for the balance of the corporation fee. We are asking that our penalty be waived and that our corporation be reinstated without further actions against us. I am also enclosing our application for reinstatement with all pertinent information corrected as our office relocated in July 2003.

Thank you,


Chadrick S. Harvell