

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 18 AM 10:58

DOCUMENT # PO 300000 8036

1. Corporation Name

J. G. A. Plaster + Stucco, INC.

REINSTATEMENT 04

2. Principal Office Address

22890 S.W. 65th Ave #C

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#C

City & State

Boca Raton, FL

City & State

Zip

33428

Country

Palmben

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-03

5. FEI Number

57-7156396

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

Jose G. ARAÑIVA

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

22980 S.W. 65th Ave

Suite, Apt. #, Etc.

A.P.#. C

City

Boca Raton

State

FL

Zip Code

33428

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

Jose G. ARAÑIVA

Date 10/4/04

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>Pst</u>	<u>Jose G. ARAÑIVA</u>	<u>22890 S.W. 65th Ave #C</u>	<u>Boca Raton, FL 33428</u>

200042368632
11/01/04--01086--003 **150.00

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:

Jose G. ARAÑIVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/4/04

Daytime Phone #

CR2E081 (10/02)

J.G.A. PLASTER & STUCCO, INC.
22890 S.W. 65TH AVE # C
BOCA RATON, FL 33428

SECRETARY OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:
I, JOSE G. ARANIVA, AM SUBMITTING THIS LETTER TO INFORM YOU
THAT THE REASON FOR ME NOT HAVING SENT THE ANNUAL REPORT
IS BECAUSE I DID NOT RECEIVED THE FORM.

ATTACHED YOU'LL FIND A MONEY ORDER IN THE AMOUNT OF \$ 150
which is the ~~FEE~~ one year that i have been inactive.
PLEASE ACCEPT THIS FEE IN EXCHANGE FOR MY REOPENING OF
CORPORATION.
DOCUMENT # P-03000008036

RESPECTFULLY YOURS,
JOSE G. ARANIVA

Jose G. Araniva