

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV -5 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000026487

**1. Corporation Name**

CHILANGO PLASTERING, INC.

825 MONROE AVE

**2. Principal Office Address**  
825 MONROE AVE

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
AOPKA FL

**City & State**

**Zip** 32703 **Country** SEMINOLA

**Zip** **Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 03/06/2003

**5. FEI Number**  
41-2089248

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 09

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

**Name**  
ALBERTO GARCIA

**Street Address (P.O. Box Number is Not Acceptable)**  
825 MONROE AVE

**Suite, Apt. #, Etc.**

**City**  
AOPKA

**State** FL **Zip Code** 32703

**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**   
REGISTERED AGENT MUST SIGN

**Date** 11-2-04

**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
P	ALBERTO GARCIA	825 MONROE AVE	AOPKA, FL 32703

000042524090  
11/05/04--01052--004 \*\*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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

11-2-04 321-689-0665

CR2E081 (01/04)

2 of 2

FILED

04 NOV -5 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 28, 2004

To Whom It May Concern:

**I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS AND REGISTER AGENT WERE WRONG, I'M CHANGING THE ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.**

THANK YOU.

  
ALBERTO GARCIA (PRESIDENT)