## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000029350

Entity Name: PC STUCCO INC

FILED Oct 25, 2004 Secretary of State

| Entity Nar                                  | ne: PCSTO   | JCO INC.                       |   |  |  |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business:        |   |                                | New Principal Place o                       | New Principal Place of Business:             |  |
| P.O. BOX ORLANDO                            | 720280<br>), FL 32872                             | US                             |   |  |  |
| Current Mailing Address:                    |   |                                | New Mailing Address:                        |  |  |
| P.O. BOX ORLANDO                            | 720280<br>), FL 32872                             | US                             |   |  |  |
| FEI Number:                                 | 27-0048786  | FEI Number Applied For()       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of  | Current Registered Agent:      | Name and Address of                         | New Registered Agent:                        |  |
| CASSATA<br>18823 SEA<br>ORLANDO             |   | US                             |   |  |  |
|   | named entity<br>of Florida.                       | submits this statement for the | purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUR                                    | RE:   |                                |   |  |  |
|   | Electro   | nic Signature of Registered Ag | ent   | Date   |  |
| Election Car                                | npaign Financir                                   | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |   |                                | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zin: | P (<br>CASSATA, PH<br>18823 SEAVIE<br>ORI ANDO FI | W ST.                          | Title:<br>Name:<br>Address:<br>City-St-Zin: | ()Change ()Addition                          |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP CASSATA P 10/25/2004