

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 14 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



03102005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000096003	
1. Entity Name TUNALES STUCCO, INC.	



Principal Place of Business 18013 PHLOX DR FT MYERS, FL 33912	Mailing Address 18013 PHLOX DR FT MYERS, FL 33912
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2. Principal Place of Business 18013 Phlox Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1031 Suite, Apt. #, etc.
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City & State Fort Myers FL Zip 33912 Country USA	City & State Bonita Springs FL Zip 34133 Country USA
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4. FEI Number 41-2043898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TUNALES, RICARDO P 18013 PHLOX DR FT MYERS, FL 33912	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <u>Ricardo Tunes</u>	DATE: <u>3/10/05</u>

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TUNALES, RICARDO P 18013 PHLOX DR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Gabino Tunes 18013 Phlox Dr Fort Myers FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Supervisor Antonio Tunes 18013 Phlox Dr Fort Myers FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300048848103 03/22/05--01027--013 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Ricardo Tunes</u>	DATE: <u>3/10/05</u> (39) 825-5536