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PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVAL
AND
FILED

05 APR 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD3000107475**

1. Corporation Name

M. G. Stucco & Lath Inc.

2. Principal Office Address

7600 SW 10 CT #2

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North Lauderdale

City & State

FL

Zip

33068

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

43-2037521

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

Michael A. Gutierrez

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

7600 SW 10 CT #2

Suite, Apt. #, Etc.

City

North Lauderdale FL 33068

State
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0506, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/12/05

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.	Michael A. Gutierrez	7600 SW 10 CT #2	North Lauderdale FL 33068.
VP.	Donzato Hernandez	7600 SW 10 CT #2	North Lauderdale FL 33068.

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/05

Daytime Phone #

CR2ED81 (01/05)

202

4/12/05

Dear Sir/Madam:

My name is Miguel A.

Partner owner of M.A. Stucco.
& Lathe Inc. the reason of

writing is to inform that

I never received any
information for renew my
corporation. I'm sending a
check and a Form to update
my corp. I'm really sorry for
the inconvenience.

Sincerely Miguel A. Stucco