


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126810		
1. Entity Name DRISKILL STUCCO, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 PM 4:41

Principal Place of Business 113 PARSONS ROAD LONGWOOD, FL 32779	Mailing Address 113 PARSONS ROAD LONGWOOD, FL 32779
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REINSTATEMENT 04



2. Principal Place of Business 113 PARSONS RD	3. Mailing Address 113 PARSONS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10252004 REIN-P CR2E098 (6/04)

City & State LONGWOOD, FL.	City & State LONGWOOD FL.
Zip 32779	Zip 32779
Country U.S.A	Country U.S.A

4. FEI Number 20-0367808	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLA INC 390 N. ORNAGE AVENUE, SUITE 1100 ORLANDO, FL 32801	
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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 By: Holly Haworth, Vice President 11/10/04 6/22/04 90211 24 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	200042291732 10/28/04--01066--001 **750.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISKILL, BOBBIE 113 PARSONS ROAD LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bobbie Driskill BOBBIE DRISKILL 10-25-04 8621239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #