## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000133296

Entity Name: DEREK THOMAS STUCCO. INC

FILED Apr 17, 2007 Secretary of State

| Littly Na                                     | IIIE. DEREK                 | THOWAS STUCCO, INC.  |   |  |  |
|---|-----------------------------|--|---|--|--|
| Current Principal Place of Business:          |                             |  | New Principal Place                         | New Principal Place of Business:               |  |
| 522 LIME S<br>TARPON S                        | STREET<br>SPRINGS, FL       | 34689  |   | 445 OAKWOOD STREET<br>TARPON SPRINGS, FL 34689 |  |
| Current M                                     | lailing Addre               | ss:  | New Mailing Address                         | New Mailing Address:                           |  |
|   | VOOD STREE<br>SPRINGS, FL   |  | 522 LIME STREET<br>TARPON SPRINGS, F        | FL 34689                                       |  |
| FEI Number                                    | : 20-1069007                | FEI Number Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )              |  |
| Name and Address of Current Registered Agent: |                             |  | Name and Address o                          | Name and Address of New Registered Agent:      |  |
| The above in the State                        | SS DRIVE<br>ATER, FL 337    | submits this statement for the   | purpose of changing its registered          | d office or registered agent, or both,         |  |
|   | Electro                     | nic Signature of Registered Ag   | ent   | Date   |  |
| Election Car                                  |                             | 93(2)(b), F.S., the corporation did nong<br>Trust Fund Contribution ( ).<br>CTORS: | •   | ES TO OFFICERS AND DIRECTORS:                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | THOMAS, DEF<br>522 LIME STR |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PORTER, ALIG                |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                          |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEREK THOMAS PTD 04/17/2007