

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 20 PM 12:14

DOCUMENT # P03000143012

1. Corporation Name DisCount Stucco Inc.

REINSTATEMENT 10-11

800213521633
10/20/11--01039--002 **900.00

2. Principal Office Address - No P.O. Box # <u>410 Bonnie Dr</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Plant City</u>		City & State	
Zip <u>33563</u>	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>1-29-2007</u>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>022141460</u>	
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name <u>Mark Price</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>410 Bonnie Dr</u>			
Suite, Apt. #, Etc.			
City <u>Plant City</u>	State <u>FL</u>	Zip Code <u>33563</u>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Mark Price
REGISTERED AGENT MUST SIGN

Date 10-17-11

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
D	MARK PRICE	410 Bonnie Dr.	Plant City FL 33563

10. E-mail Address: MarkPrice33563@AOL.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Mark Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-17-11

Daytime Phone #