2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 27 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144143

1. Entity Name
MARCUS VENETIAN PLASTER, INC.

Principal Place of Business
~~3123 ASHTON RD~~ 516 Bailey Rd
SARASOTA, FL ~~34231~~ 34237

Mailing Address
~~3123 ASHTON RD~~ 516 Bailey Rd.
SARASOTA, FL ~~34231~~ 34237

2. Principal Place of Business: 516 Bailey Rd
Suite, Apt. #, etc.
City & State: Sarasota, Fl
Zip: 34237 Country: Sarasota

3. Mailing Address: 516 Bailey Rd
Suite, Apt. #, etc.
City & State: Sarasota, Fl
Zip: 34237 Country: Sarasota

REINSTATEMENT — CR2E008 (6/04) 05

4. FEI Number: 52-2420285 — Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADEREWSKI, ALEXANDER G
1834 MAIN ST
SARASOTA, FL 34236

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 ______________________ DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MAYRINCK, MARCUS	
STREET ADDRESS	~~3123 ASHTON RD~~ 516 Bailey Rd.	
CITY-ST-ZIP	~~SARASOTA, FL 34231~~ Sarasota, Fl 34237	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

200060964632
10/27/05--01031--004 **150.00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X M Mayrinck — 941-539-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #