

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 23 PM 1:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500101386465
05703707-01029-001 ***450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # P03000148618

1. Corporation Name

HAPPY FACE STUCCO, INC.

2. Principal Office Address - No P.O. Box #

18902 FLORALTON DR

Suite, Apt. #, etc.

3. Mailing Office Address

18902 FLORALTON DR

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

Country

34610

USA

City & State

BROOKSVILLE, FL

Zip

Country

34610

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/10/03

5. FEI Number

05-0594884

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

KENNETH W. ROSSITER, JR

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

18902 FLORALTON DR

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34610

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

Kenneth W Rossiter Jr
REGISTERED AGENT MUST SIGN

Date

4/18/07

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, | KENNETH W. ROSSITER, JR | 18902 FLORALTON DR | 34610 BROOKSVILLE, FL |
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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 contained in Chapter 119, 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:

Kenneth W Rossiter Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/07

Daytime Phone #

727 856 5186