

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
04 DEC 22 PM 6:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155114

1. Corporation Name

ROSMEL PLASTERING INC

151 MAGMOLIA ST
151 MAGMOLIA ST

2. Principal Office Address

151 MAGMOLIA ST

Suite, Apt. #, etc.

3. Mailing Office Address

151 MAGMOLIA ST

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32703

Country

SEMINOLE

Zip

32703

Country

SEMINOLE

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 12-1-20

5. FEI Number

30-0257141

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

MERY M RAMIREZ

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

151 MAGMOLIA ST

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

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

REGISTERED AGENT MUST SIGN

Date

11/22/04

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	MERY M RAMIREZ	151 MAGMOLIA ST	APOPKA, FL 32703

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/04

Daytime Phone #

CR2E081 (01/04)

PS 2 gr

November 22, 2004

To Whom It May Concern:

I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.



MERY M RAMIREZ (PRESIDENT)