

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000155963

Entity Name: MARTIN STUCCO INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2829 HOLLY HILL CUT OFF RD
DAVEN PORT, FL 33837 US

New Principal Place of Business:

3980 POLK CITY ROAD
HAINES CITY, FL 33844 US

Current Mailing Address:

2829 HOLLY HILL CUT OFF RD
DAVEN PORT, FL 33837 US

New Mailing Address:

3980 POLK CITY ROAD
HAINES CITY, FL 33844 US

FEI Number: 20-0519793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ODILON
2829 HOLLY HILL CUT OFF RD
DAVEN PORT, FL 33837 US

Name and Address of New Registered Agent:

MARTIN, ODILON
3980 POLK CITY ROAD
HAINES CITY, FL 33844 US

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.

SIGNATURE: ODILON MARTIN

04/29/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, ODILON
Address: 2829 HOLL HILL CUT OFF RD
City-St-Zip: DAVEN PORT, FL 33837 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, ODILON
Address: 3980 POLK CITY ROAD
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP () Change (X) Addition
Name: GARCIA, ALICIA
Address: 3980 POLK CITY ROAD
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify 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: ODILON MARTIN

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date