

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 20 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000000/53**

1. Corporation Name

Ben's Stucco + Stone Inc.

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

4907 E. Clifton St

Suite, Apt. #, etc.

3. Mailing Office Address

4907 E. Clifton St

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33610

Country

Hillsborough

City & State

Tampa Florida

Zip

33610

Country

U.S

REINSTATEMENT 04-09

CR2E081 (12/08)

02/23

4. Date Incorporated or Qualified
To Do Business in Florida

12-29-2003

5. FEI Number

20-0561969

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

Benjamin Tolbert

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

4907 E. Clifton St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Benjamin Tolbert

REGISTERED AGENT MUST SIGN

Date **2-18-09**

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	Benjamin Tolbert	4907 E. Clifton St	Tampa, FL 33610
V.P	Brenda Newsome	4907 E. Clifton St	Tampa, FL 33610

200144076577
02/20/09-01028-002 **150.00

02/13/09 01039 028 \$758.75

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:

Benjamin Tolbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-18-09** (813) 404-8469

Daytime Phone #

8469

As per telephone conversation with Benjamin Tolbert on 2/23
FEI number update.