2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000007157

Entity Name: LA PLASTERING & STUCCO, INC.

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business:

P.O. BOX 1275

New Principal Place of Business:

4753 FLORENCE ST

APOPKA, FL 32704 US APOPKA, FL 32712 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1275

APOPKA, FL 32704 US

FEI Number: 20-0589528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYORGA, AUGUST C
200 NORTH DENNING DRIVE
SUITE 5
WINTER PARK, FL 327893736 US
RAPIDO TAX SERVICES INC
385 E MAIN ST
APOPKA, FL 32705 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: IVELISSE SANCHEZ 03/15/2007

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: RAMOS, LINA Name: Address: P.O. BOX 1275 Address:

Address: P.O. BOX 1275 Address: City-St-Zip: APOPKA, FL 32704 US City-St-Zip:

Title: VΡ Title: VΡ (X) Change () Addition () Delete MEZA, RICARDO Name: Name: RAMOS, CESAR P.O. BOX 1275 P.O. BOX 1275 Address: Address: APOPKA, FL 32704 US APOPKA, FL 32704 US City-St-Zip: City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 CARDENAS, MISAEL
 Name:
 PENA, FERNANDO

 Address:
 P.O. BOX 1275
 Address:
 P.O. BOX 1275

 City-St-Zip:
 APOPKA, FL 32704 US
 City-St-Zip:
 APOPKA, FL 32704 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 BARRAGAN-ESCALERA, GREGORIO
 Name:
 PENA, INGELBER

 Address:
 PO BOX 1275
 Address:
 PO BOX 1275

 City-St-Zip:
 APOPKA, FL 32704 US
 City-St-Zip:
 APOPKA, FL 32704 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LINA RAMOS P 03/15/2007