2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000007157

PENA, INGELBER

APOPKA, FL 32704 US

PO BOX 1275

Name:

Address:

City-St-Zip:

FILED Nov 21, 2008 Secretary of State

Entity Name: LA PLASTERING & STUCCO, INC.						
Current Pr	incipal Pla	ce of Business:	New Princ	New Principal Place of Business:		
4753 FLOR APOPKA, F		US				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 1 APOPKA, F		US				
FEI Number:	20-0589528	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
RAPIDO TAX SERVICES INC 385 E MAIN ST APOPKA, FL 32705 US			4753 FLOR	RAMOS, LINA 4753 FLORENCE ST APOPKA, FL 32712 US		
The above in the State		ty submits this statement for the pu	urpose of changing it	ts registered	office or registered agent, or both,	
SIGNATUR	E: LINA R	AMOS		11/21/2008		
	Electr	onic Signature of Registered Ager	nt		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 DIRE	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P RAMOS, LIN P.O. BOX 12 APOPKA, FL	275	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VP RAMOS, CE P.O. BOX 12 APOPKA, FL	275	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP PENA, FERN P.O. BOX 12 APOPKA, FL	275	Title: Name: Address: City-St-Zip:	VP (TOPETE, OM P.O. BOX 127 APOPKA, FL	75	
Title:	VP	(X) Delete	Title) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LIMA RAMOS Ρ 11/21/2008