
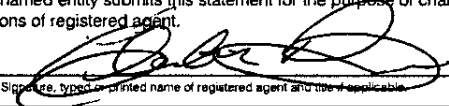
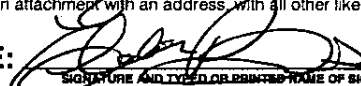


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000015385</b> 1. Entity Name <b>CAPTIVATING STUCCO &amp; STONE, INC.</b>					
Principal Place of Business <b>1801 SEAWARD STREET TAMPA, FL 33604</b>		Mailing Address <b>1801 SEAWARD STREET TAMPA, FL 33604</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>TAXMART, INC. 220 EAST MADISON STREET. SUITE 825 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>A Quick Tax Refund &amp; Accounting</b> Street Address (P.O. Box Number is Not Acceptable) <b>1026 W. Hillsborough Ave.</b>  City <b>Tampa</b> <span style="float: right;"><b>FL</b> Zip Code <b>33603</b></span>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Vincent Anglin</b> 9-22-05 <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BORRAS, ELIZABETH</b> <b>1801 SEAWARD STREET</b> <b>TAMPA, FL 33604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700060038117</b> <b>09/28/05--01031--004</b> <b>**150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SPRINGS, JESSE T</b> <b>1801 SEAWARD STREET</b> <b>TAMPA, FL 33604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date <b>9-22-05</b>		Daytime Phone # <b>813-789-7336</b>	

FILED  
05 DEC 15 AM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

4. FEI Number **611446504**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

X

*MA*