

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -6 AM 11:16

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904000022703

1. Corporation Name

E. Glover Stucco INC

2. Principal Office Address

5020 Lescot Lane

Suite, Apt. #, etc.

City & State

ORI FLA

Zip

32811

Country

USA

3. Mailing Office Address

5020 Lescot LN

Suite, Apt. #, etc.

City & State

ORI FLA

Zip

32811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0596444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Emmit Glover

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

5020 Lescot LN

Suite, Apt. # Etc

City

ORI FL

State

FL

Zip Code

32811

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

Emmit Glover

REGISTERED AGENT MUST SIGN

Date

10-4-06

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
Pres	Emmit Glover	5020 Lescot LN	ORI FL 32811

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:

Emmit Glover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-06

Date

Daytime Phone #

To Whom It May Concern I AM Wright
go to let you know I have never received
Anything From you. It is the First letter I
have received Thank
you

E. GLOVER STUCCO, INC.
ATTN: HERMAN PARKER
5020 LESCOT LANE
ORLANDO, FL 32811

Jackie
at E. Glover Stucco
INC

Request taken by: epeterson
09-20-2006

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314