

2006 FOR PROFIT CORPORATION REINSTATEMENT

10P2

DOCUMENT # P04000026379

1. Entity Name
GEORGE POSADA PLASTERING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 25 AM 8:00

REINSTATEMENT 05-06



Principal Place of Business
365 EAST 6TH STREET
PVT
APOPKA, FL 32703 US

Mailing Address
365 EAST 6TH STREET
PVT
APOPKA, FL 32703--US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04262006 REIN-P CR2E098 (11/05)

4. FEI Number
01-080-5674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GEORGE POSADA
365 EAST 6TH STREET
PVT
APOPKA, FL 32703

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *George Posada* (NOTE: Registered Agent signature required when reinstating) DATE 5-9-06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POSADA, GEORGE 365 EAST 6TH STREET APOPKA, FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100075900851
06/07/06--01010--006 **308.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-06

Date

321-689-9490

Daytime Phone #

**George Posada Plastering Inc.
P.O. Box 106
Apopka, Fl. 32704**

Ref: P04000026379

April 20, 2006

Dear Sirs:

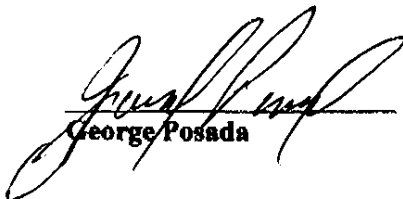
I am inclosing a check for the amount of \$308.75.

I did not receive the notice from your office for reinstatement of the year 2005, so I am enclosing a check for \$150.00 for the year 2005, and \$150.00 for the Year 2006.

I am also enclosing \$8.75 for a certificate of status.

A total amount enclosed is \$308.75.

Thank you in advance for your consideration.


George Posada