

# 2006 FOR PROFIT CORPORATION REINSTATEMENT



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 28 AM 10: 04

REINSTATEMENT 06



11222006 REIN-P CR2E098 (11/05)

|  |  |                                 |   |  |             |
|--|--|---------------------------------|---|--|-------------|
| DOCUMENT # P04000029317  |  |                                 |   | 1. Entity Name<br>KITE QUALITY PLASTERING, INC   |             |
| Principal Place of Business<br>146 BOSTWICK CEMETARY ROAD<br>BOSTWICK, FL 32007  |  |                                 | Mailing Address<br>PO BOX 12<br>BOSTWICK, FL 32007    |  |             |
| 2. Principal Place of Business   |  |                                 | 3. Mailing Address                                    |  |             |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.                                   |  |             |
| City & State   |  |                                 | City & State  |  |             |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number<br>20-0721661  |             |
|  |  |                                 |   | Applied For<br>Not Applicable  |             |
|  |  |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required     |             |
| 6. Name and Address of Current Registered Agent  |  |                                 |   | 7. Name and Address of New Registered Agent  |             |
| KITE, SHANE<br>146 BOSTWICK CEMETARY ROAD<br>BOSTWICK, FL 32007  |  |                                 |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |                                 |   |  |             |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2007, Fee will be \$300.00   |  |                                 |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>KITE, SHANE<br>PO BOX 12<br>BOSTWICK, FL 32007 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 900082100409<br>11/28/06--01033--017 **150.00  |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 all other like empowered. |  |                                 |   |  |             |
| SIGNATURE: <u>Shane K. Kite</u>  |  |                                 | 11/22/06  |  |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                                 | Date Daytime Phone #                                  |  |             |