2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT										_			
DOCUMENT # P04000035395								FILED					
1. Enlity Nam		C							05 0	OT L	50 C E	_	
A&D STUCCO, INC.								s: 1			PK 6: 5		
Principal Place of Business				Mailing Address			┪	$\langle \downarrow \rangle$	SECIL	11, H.S.			
3990 MACDONOUGH AVE.			3	3990 MACDONOUGH AVE.			,	NA	1 / Shillian	Derak L.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.	
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2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10102005	TATE	根侧到	2E098 (6/04)	2005	
City & State				City & State				4. FEI Numbe	er			plied For 100° t Applicable	
Zip	p Country			Zip Coun		try	5. Certificate		of Status Desire	d 🗆	\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent								7. Name and	Address of Nev	w Registere	d Agent		
ROSA, EDUVIGES A						Name		_				ĺ	
3990 MACDONOUGH AVE.					Street Address (P.O.: Box Number is Not Acceptable)								
ORLANDO, FL 32809													
						City 🖵				F	Zip Code		
8. The above	named entit	y submits this statement fo	r the p	ourpose of changing its	registere	d office or regis	stere	ed agent, or bot	th, in the State of	-	_	and accept	
the obligat	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. It am familiar with, and accept the obligations of registered agent.												
SIGNATURE 10-12-05													
Signature, typed or pyright name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatting) DATE													
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with so corporation did not recorded to the corporation of t													
10.		OFFICERS AND	DIRE	L CTORS	11.			ADDITIONS/	CHANGES TO C	OFFICERS A	ND DIRECTORS	3 IN 11	
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12. I hereby certify that the information supplied with this filling 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: 10-/2-05 407-592 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNANGOFFICER OR DIRECTOR Daving Proces Daving Proces Daving Proces													
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