

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000049981

1. Corporation Name

TEAM STUCCO INC

2. Principal Office Address - No P.O. Box #

6923 ANGUS VALLEY DR

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL

Zip
FL

Country

33544

3. Mailing Office Address

PO BOX 82657

Suite, Apt. #, etc.

City & State

TAMPA

Zip
FL

Country

33682

7. Name and Address of Current Registered Agent

Name
MIGUEL TAVERAS

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

6923 ANGUS VALLEY DR

Suite, Apt. #, Etc.

City
WESLEY CHAPEL

State
FL

Zip Code
33544

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

Miguel Taveras

REGISTERED AGENT MUST SIGN

Date **2/8/2007**

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
P	MIGUEL I TAVERAS	6923 ANGUS VALLEY DR	WESLEY CHAPEL, FL 33544
VP	MIGUEL A TAVERAS	6923 ANGUS VALLEY DR	WESLEY CHAPEL, FL 33544
S	NOE TAVERAS	6923 ANGUS VALLEY DR	WESLEY CHAPEL, FL 33544

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:

Miguel Taveras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2007

Date

813-965-4182

Daytime Phone #

FILED

07 FEB -9 PM 1:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

500088460115
02/16/07--01003--012 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.