


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P04000053255</i>			
1. Corporation Name <i>E.N. Stucco & Plastering Inc.</i>			
2. Principal Office Address <i>4391 NW 19th St.</i>		3. Mailing Office Address <i>P.O. Box 120666</i>	
Suite, Apt. #, etc. <i>#285</i>		Suite, Apt. #, etc.	
City & State <i>Lauderhill FLA</i>		City & State <i>Ft Lauderdale FLA</i>	
Zip <i>33313</i>	Country <i>USA</i>	Zip <i>33312</i>	Country <i>USA</i>

FILED

06 FEB -8 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 **800067012498**

03/03/06--01022--014 **150.00

REINSTATEMENT *05-06*

4. Date Incorporated or Qualified To Do Business in Florida <i>3-26-2004</i>	
5. FEI Number <i>80-0108616</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>Eddie Davis</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4391 N.W. 19th STREET</i>	
Suite, Apt. #, Etc. <i>#285</i>	
City <i>Lauderhill</i>	State FL
	Zip Code <i>33312</i>

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03/03/06--01022--015 **150.00

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

Eddie Davis

REGISTERED AGENT MUST SIGN

Date *2-1-06*

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
<i>P</i>	<i>Eddie Davis</i>	<i>4391 NW 19th St #285</i>	<i>Lauderhill FLA 33312</i>

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:

Eddie Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/06

Daytime Phone #

754-224-9479

2082

2-1-06

To The Reinstatement Division.

I'm asking to have my REINSTATEMENT
fees waived, do to address change.

Thanks.

Eddie Davis