

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

FILED

05 DEC 20 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12122005 REIN-P CR2E098 (6/04)

4. FEI Number **20-1090349** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P04000060517

1. Entity Name
MANVIC STUCCO, INC



Principal Place of Business
**520 VERBENA CT
ORLANDO, FL 32807**

Mailing Address
**520 VERBENA CT
ORLANDO, FL 32807**

2. Principal Place of Business
5065 Old Cheney Hwy
Suite, Apt. #, etc.

3. Mailing Address
5065 Old Cheney Hwy
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32807 Country
Orange

Zip
32807 Country
Orange

6. Name and Address of Current Registered Agent
**VERTHELY, MANUEL
520 VERBENA CT
ORLANDO, FL 32808**

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 Manuel Vertely DATE 12/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	P VERTHELY, MANUEL 520 VERBENA CT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5065 Old Cheney Hwy Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERTHELY, VICTOR 520 VERBENA CT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 706 Irwin Dr. Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900062292739 12/20/05--01035--025 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Manuel Vertely DATE 12/12/05 DAYTIME PHONE # 407-797-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR