

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000080070

Entity Name: SUNCOAST STUCCO OF BREVARD, INC

FILED  
Nov 15, 2005  
Secretary of State

## Current Principal Place of Business:

1509 RICHARDS DRIVE  
PALM BAY, FL 32905 US

## New Principal Place of Business:

## Current Mailing Address:

3630 BUDDY DRIVE  
WEST MELBOURNE, FL 32904 US

## New Mailing Address:

1440 MALIBU CIRCLE NE  
APT # 101  
PALM BAY, FL 32905 US

FEI Number: 20-1165887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONN, JOSEPH  
3630 BUDDY DR  
WEST MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

BONN, JOSEPH  
1440 MALIBU CIRCLE NE  
APT # 101  
PALM BAY, FL 32905 US

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.

SIGNATURE: JOSEPH BONN

11/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BONN, JOSEPH  
Address: 3630 BUDDY ROAD  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: S/T ( ) Delete  
Name: BURROWS, DONALD R  
Address: 1509 RICHARDS DRIVE  
City-St-Zip: PALM BAY, FL 32905 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BONN, JOSEPH  
Address: 1440 MALIBU CIRCLE NE APT # 101  
City-St-Zip: PALM BAY, FL 32905 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BONN

P

11/15/2005

Electronic Signature of Signing Officer or Director

Date