

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN -2 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000116492

1. Corporation Name

JLN STUCCO INC

REINSTATEMENT

200156669342
06/02/09--01008--015 **300.00

08/09
JLN

CR2E081 (12/08)

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

6370 Pinestead Dr

3. Mailing Office Address

Suite, Apt. #, etc.

1414

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

FL

Zip

33463

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2004

5. FEI Number

841654628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose Navarro

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

6370 Pinestead Dr

Suite, Apt. #, Etc.

1414

City

Lake Worth

State

FL

Zip Code

33463

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 23-5-09

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 |
|--------|--------------------------------------|---|----------------------|
| Pres | Jose Navarro | 6370 Pinestead Dr | Lake Worth, FL 33463 |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/09 561-767-0047

Date

Daytime Phone #

May 22, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

With all your respect I will appreciated if you reinstate My corporation
Due to I did not received the notice of payment I found by Internet that was Inactive, I
send you two years payment of the Annual Report for \$300.00 By receiving and deposit
the \$300.00 payment you will accept the Reinstate of my corporations. If you have any
question call me 561-767-0047.

Sincerely,


Jose Navarro