

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 17 PM 2:28

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000139307**

1. Corporation Name

Ray's Lath Work & Stucco Inc.

2. Principal Office Address

2845 W. King St.
Suite, Apt. #, etc.

3. Mailing Office Address

3061 Sea Gate Circle
Suite, Apt. #, etc.

City & State

Cocoa, Florida

City & State

Merritt Island, Florida

Zip

32926

Country

Brevard

Zip

32953

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

October 6, 2004

5. FEI Number

01-0594709

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

Jacquelyn Croker

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

3061 Sea Gate Circle

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

Jacquelyn Croker
REGISTERED AGENT MUST SIGN

Date

07/12/06

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 |
|--------------------|--------------------------------------|---|-----------------------------------|
| President Owner | Raymond S. Croker | 3061 Sea Gate Circle | Merritt Island, Florida, 32953 |
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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:

Raymond S. Croker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/12/06

Daytime Phone #