2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142542

Entity Names CDACE STUCCO 9 DI ASTED

TROUTMAN, LA CRYSTAL

PORT ST LUCIE, FL 34986

5528 NW EAST TORINO PARKWAY #112

Name:

Address: City-St-Zip: FILED Aug 10, 2009 Secretary of State

Entity Name: GRACE STUCCO & PLASTERING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2219 SE MORNINGSIDE BLVD PORT ST LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 2219 SE MORNINGSIDE BLVD PORT ST LUCIE, FL 34952 FEI Number: 35-2185851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRENSHAW, SOBRINA 111 BEDFORD DR FT PIERCE, FL 34946 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: SOBRINA CRENSHAW Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HILL, CLIMMIE Name: Name: 2219 SE MORNINGSIDE BLVD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: () Delete Title: Title: () Change () Addition HILL, MICHAEL Name: Name: 1413 G TERR Address: Address: FT PIERCE, FL 34952 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLIMMIE HILL P 08/10/2009