

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 27 PM 3:40

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000157185

1. Corporation Name

WEST COAST STUCCO, INC

1005 Westside Drive
Tampa, Fl. 33619

2. Principal Office Address

1005 Westside Drive

Suite, Apt. #, etc.

City & State

Tampa, Fl.

Zip

33619

Country

Hillsborough

3. Mailing Office Address

1005 Westside Drive

Suite, Apt. #, etc.

City & State

Tampa, Fl.

Zip

33619

Country

Hillsborough

REINSTATEMENT

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/18/2004

5. FEI Number

56-2467875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE 79. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis A. Rivas

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

1005 Westside Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

Date **10/20/2006**

REGISTERED AGENT MUST SIGN

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
P/D	Luis A. Rivas	1005 Westside Drive	Tampa, Fl. 33619

9000081274429
10/27/06--01026--007 **300.00

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

10/20/2006

Date

Daytime Phone #

2082

AFFIDAVIT OF FACT

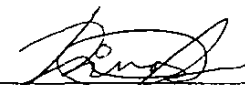
I, Luis A. Rivas, with permanent address at 1005 Westside Drive, Tampa, Florida 33619 attest to the following:

1. That on or about November 18, 2004 I was incorporated under the name of: West Coast Stucco, Inc. (Reg. Number P04000157185) by: INCORPORATETIME.COM, INC., 35-37 CARLETON AVE, SUITE 200 ISLIP TERRACE, NY 11752-15 18.
2. That the above incorporator never advice me of the annual Report filing requirements.
3. That I did not received the renew notice for the calendar year 2005 and 2006.
4. That on October 20, 2006 I attempt to open a bank account at Washington Mutual bank in Tampa Florida and I was inform that my corporation was inactive for Administrative Dissolution for Annual Report.

I, Luis A. Rivas, request that the Reinstatement Fees be waive base in the information above stated, I did not receive notice of renewal and I was not aware of the filing requirement.

Enclose you will find the Reinstatement Application and check in the amount of \$300.00 for the Annual Report Fees and Corporate Supplemental Fee for the years 2005 and 2006.

Sign this Friday, October 20, 2006.


x 


Luis A. Rivas

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing was Sworn to and Subscribed before me this 10th day of October, 2006, By Luis A. Rivas who is personally known to me.

NOTARY PUBLIC-STATE OF FLORIDA
 Ismael Lebron-Cruz
Commission # DD438191
Expires: JUNE 07, 2009
Bonded Thru Atlantic Bonding Co., Inc.



Ismael Lebron-Cruz,
Notary Public