

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 10 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000161227

1. Corporation Name

GLENN'S STUCCO, INC.

2. Principal Office Address

105 BRITTNEY LANE

3. Mailing Office Address

P.O. BOX 329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOSTWICK, FL

City & State

BOSTWICK, FL

Zip

32007

Country

USA

Zip

32007

Country

USA

REINSTATEMENT

05-186

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1944461

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

ANDREA R WILKINSON

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

105 BRITTANY LANE

Suite, Apt. #, Etc.

City

BOSTWICK

State

FL

Zip Code

32007

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

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	GLENN DALE WILKINSON	105 BRITTANY LANE/P.O. Box 329	BOSTWICK, FL 32007

400070959594
04/19/06--01034--008 **300.00

K. Eckel APR 12 2006

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:

Glenn Dale Wilkinson
GLENN DALE WILKINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/06 386-325-8987 386-233-2678

Date

Daytime Phone #

2/2

Trim Bookkeeping & Tax Service, Inc.
6683 Crill Avenue
Palatka, Florida 32177
386-328-4164 Office
386-325-0804 Fax

April 3, 2006

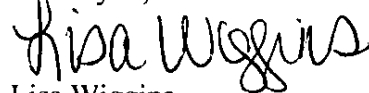
Dept of State
Div. of Corp
P.O. Box 6327
Tallahassee, Fl 32314

Glenn's Stucco, Inc.
P.O. Box 329
Bostwick, Fl 32007
P04000161227

To Whom It May Concern:

This is a request for reinstatement of the above corporation. This client came to me requesting help with his company. After going on line to print out his annual report it was discover that his company had been dissolved September 2005. Please be advised that the person who my client went to for help to do his incorporation on line put in his physical address as his mailing address. My client doesn't receive mail at this location therefore he never received his renewal for last year. I'm enclosing a check for both years annual fee. Please take this matter into consideration.

Thank you,



Lisa Wiggins
Accountant

LW

cc:file