

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000022267

1. Corporation Name

Mikes Plastering and Stucco Repairs, INC.

Document #

P05000022267

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

2340 Canopy Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2340 Canopy Drive

Suite, Apt. #, etc.

City & State

Melbourne FL.

City & State

Melbourne FL.

Zip

32935

Country

Brevard

Zip

32935

Country

Brevard

7. Name and Address of Current Registered Agent

Name

Michael L. Schommer

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

2340 Canopy Drive

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/20/2024

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
<u>P</u>	<u>Mike Schommer</u>	<u>2340 Canopy Dr</u>	<u>Melbourne FL 32935</u>

SEP - 5 2024

M. WILLIAMS

10. E-mail Address: Hvyicon@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2024

Date

321-960-5034

Daytime Phone #

2024 SEP - 5 PM 3:26

100436045691

09/05/24--01015--024 \*\*750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

Started in 19905

5. FEI Number

342036/27

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

2024