

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000065086

1. Entity Name
J.C. N PLASTERING, INC.



Principal Place of Business
7952 PINE CROSSING CR
APT 113
ORLANDO, FL 32801

Mailing Address
7952 PINE CROSSING CR
APT 113
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1999 SUMMER CLUB DR. PO BOX 585508
Suite, Apt. #, etc.
Apt # 199

City & State
Orlando FL

City & State

City & State

Zip
32765

Country

Zip
32858

Country
USA

10242007

REIN-P

CR2E098 (1/07)

4. FEI Number
20-2777670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JHON
7952 PINE CROSSING CR
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CASTILLO, JHON
STREET ADDRESS 7952 PINE CROSSING CR, APT 113
CITY-ST-ZIP ORLANDO, FL 32807

TITLE VP ☐ Delete
NAME RIVAS, NEIRA J
STREET ADDRESS 7952 PINE CROSSING CR, APT 113
CITY-ST-ZIP ORLANDO, FL 32807

TITLE SEC ☒ Delete
NAME RIVERA, CARLOS M
STREET ADDRESS 7952 PINE CROSSING CR, APT 113
CITY-ST-ZIP ORLANDO, FL 32807

TITLE SEC ☐ Delete
NAME NEIRA, J. RIVAS
STREET ADDRESS 1999 SUMMER CLUB DR. APT 199
CITY-ST-ZIP ORLANDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200111465842
STREET ADDRESS 10/30/07--01006--005 **\$150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: X Jhon Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-07

Date

407 8442468

Daytime Phone #

FILED

2007 OCT 29 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

