

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000081525				FILED	
1. Entity Name Q & S PLASTERING INC				06 SEP 28 PM 1:45	
Principal Place of Business 774 CECELIA AVE SE PALMBAY, FL 32909		Mailing Address 774 CECELIA AVE SE PALMBAY, FL 32909		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09282006 REIN-P CR2E098 (11/05) 06	
City & State		City & State		4. FEI Number 20-3142695	
Zip		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIJADA, MANUEL 774 CECELIA AVE SE PALMBAY, FL 32909			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 state if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After January 1, 2007, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR QUIJADA, MANUEL 774 CECELIA AVE PALMBAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080259046 09/28/06--01028--012 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, FLOR 774 CECELIA AVE PALMBAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PR/28</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSELL, EDAS N 774 CECELIA AVE PALMBAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, JUAN C 774 CECELIA AVE PALMBAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 fees empowered.					
SIGNATURE: <i>Manuel Quijada</i> <i>9/28/06</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					