

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000110003

Entity Name: TRIPLE A STUCCO, INC.

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

697 HAMM STREET  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

697 HAMM STREET  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 20-3266615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABBRUZZESE, FIORE III  
697 HAMM STREET  
PALM BAY, FL 32950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FIORE ABBRUZZESE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ABBRUZZESE, FIORE III  
Address: 697 HAMM STREET  
City-St-Zip: PALM BAY, FL 32907

Title: VSD  
Name: ABBRUZZESE, FIORE  
Address: 697 HAMM STREET  
City-St-Zip: PALM BAY, FL 32907

Title: TD  
Name: ABBRUZZESE, VINCE  
Address: 697 HAMM STREET  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FIORE ABBRUZZESE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

11/03/2010

\_\_\_\_\_  
Date