

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000122550

1. Corporation Name

WILSON BROTHERS PLASTERING & STUCCO CORP.

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

209 COMMONWEALTH BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 238782

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

Zip

32123-8782

Country

USA

100170160971  
02/23/10--01002--015 \*\*\$00.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified  
To Do Business in Florida 9/1/05

5. FEI Number  
20-3426976

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  
BRIAN WILSON

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

209 COMMONWEALTH BLVD.

Suite, Apt. #, Etc.

City  
PORT ORANGE

State  
FL

Zip Code  
32127

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Brian Wilson*

Date 1/29/10

REGISTERED AGENT MUST SIGN

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
P	MICHAEL T. WILSON	2700 E. INT'L. SPEEDWAY BLVD.	DELAND, FL 32724
VP	BRIAN W. WILSON	209 COMMONWEALTH BLVD.	PORT ORANGE, FL 32127

10. E-mail Address: SPEEDWAY24@BELLSOUTH.NET

(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., 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.

SIGNATURE: *Michael T. Wilson*

MICHAEL T. WILSON, PRES. 1/29/10

386/290-8492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #