

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000125574

1. Entity Name
J. PLASTERING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:13

Principal Place of Business
2818 ST. ROAD 17 NO.
APT. 14
SEBRING, FL 33870

Mailing Address
2818 ST. ROAD 17 NO.
APT. 14
SEBRING, FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11282006 REIN-P CR2E098 (11/05)

4. FEI Number

203465902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAVE, JHACSON
2818 ST. ROAD 17 NO.
APT 14
SEBRING, FL 33870

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

Jhacson Brave

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BRAVE, JHACSON
STREET ADDRESS 2818 ST. ROAD 17 NO. APT 14
CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ Change ☐ Addition
NAME 501082514775
STREET ADDRESS 12/13/06--01038--010 **750.00
CITY-ST-ZIP

TITLE S, T ☐ Delete
NAME BRAVE, JHACSON
STREET ADDRESS 2818 ST. ROAD 17 NO. APT 14
CITY-ST-ZIP SEBRING, FL 33870

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Jhacson Brave

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-06

Date

Daytime Phone #