

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000138884

1. Entity Name  
JD PLASTERING INC.



Principal Place of Business  
26 PINE STREET  
FREEPORT, FL 32439

Mailing Address  
26 PINE STREET  
FREEPORT, FL 32439

2. Principal Place of Business (No P.O. Box)  
2346 U.S. Hwy. 90 W  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1457  
Suite, Apt. #, etc.



REINSTATEMENT 06-07

City, State  
DeFuniak Spgs., FL  
32433

City, State  
DeFuniak Spgs., FL  
32435

4. FID Number  
14-1939440

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GRAGEOLA, JUAN D  
26 PINE STREET  
FREEPORT, FL 32439

7. Name and Address of New Registered Agent  
Name: Juan D. Grageola  
Street Address: 2346 Hwy. 90 W.  
City: DeFuniak Spgs., FL Zip: 32433

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: Juan D. Grageola Juan D. Grageola 328-07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	<input type="checkbox"/> Delete
NAME	GRAGEOLA, JUAN D	
STREET ADDRESS	26 PINE STREET	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grageola, Juan D.	
STREET ADDRESS	2346 Hwy. 90 W.	
CITY-ST-ZIP	DeFuniak Spgs., FL 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Juan D. Grageola Juan D. Grageola 328-07 850-855-1116  
(NOTE: Signature and typed or printed name of signing officer or director)