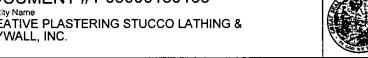
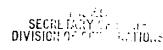
2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000139163





CREATIVE PLASTERING STUCCO LATHING & DRYWALL, INC.									06 OCT -	-2 AM	9: 34		
Principal Place of Business 4001 9TH AVENUE S ST. PETERSBURG, FL 33711			4	Mailing Address 4001 9TH AVENUE S ST. PETERSBURG, FL 33711			II.		TATE				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_	09252006	REIN-P	CR2	E098 (11/05	5)	
City & State				City & State				4. FEI Numbe	er .		-	Applied For Not Applicable	
Zìp		Country		Zip	Cour	itry		5. Certificate	of Status Desired	1	\$8.75 A	Additional	
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registere	<u>_</u>		
MODELLE TOTAL							Name						
WRIGHT, JOHN W 4001 9TH AVENUE S ST. PETERSBURG, FL 33711					Street Address (P.O. Box Number is Not Acceptable)								
	·					City				_	Zip Co	ode	
						'		···· ·		-			
8. The above the obligat	named entity tions of registi	r submits this sta ered agent.	itement for the p	ourpose of changing its	register	ed office or reg	istere	ed agent, or bot	h, in the State of	Florida. 1 a	m familiar wit	th, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00									In accordance corporation d	e with s. 6 id not reci	07.193(2)(b sive the prio), F.S., the or notice.	
10.	,	OFFICE	ERS AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO O	FFICERS A	ND DIRECTO	DRS IN 11	
TITLE NAME	P,VP WRIGHT,	IOHN W		☐ Delete	TITLI						Change	e 🔲 Addition	
STREET ADDRESS		AVENUE \$				ET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG, FL 33711				CITY	-ST-ZIP							
TITLE	S,T			☐ Delete	THTL						☐ Change	e 🔲 Addition	
NAME STREET ADDRESS	WRIGHT,	JOHN W AVENUE S			NAM	E ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP		000080315020 					
TITLE		· ·		☐ Delete	TITLI			09/29	/06 - 010 7	'2 - 00 1	3 + ** 15)	Addition	
NAME					NAM	ε							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
TITLE				☐ Defete	TITLE				···		Choose	- I Addition	
NAME				LI Delete	NAM	1					☐ Change	e	
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP			 				
TITLE NAME				☐ Delete	TITLE						☐ Change	e 🔲 Addition	
STREET ADDRESS					NAM STRE	ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP							
TITLE			<u> </u>	☐ Delete	TITLE						☐ Change	e 🔲 Addition	
NAME STREET ADDRESS					NAM	l l							
STREET ADDRESS 1						ET ADDRESS -ST-ZIP							
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 119. Florida Statutes, Liturber certify that the information												information	
Indicated	on this report	or supplementa	I report is true a	and accurate and that n	ny signa	ure shall have i	the s	ame legal effec	as if made unde	oath; that	I am an offic	er 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

SIGNATURE:

Date to the same legal elect as in lade under oath; that I am an officer or director. 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:

SIGNATURE:

Date to the same legal elect as in lade under oath; that I am an officer or director. 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.

September 15 06 717. 313 8043