

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000139163

1. Entity Name
CREATIVE PLASTERING STUCCO LATHING &
DRYWALL, INC.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 AM 9:34

Principal Place of Business
4001 9TH AVENUE S
ST. PETERSBURG, FL 33711

Mailing Address
4001 9TH AVENUE S
ST. PETERSBURG, FL 33711

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

WRIGHT, JOHN W
4001 9TH AVENUE S
ST. PETERSBURG, FL 33711

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

September 26, 2006

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$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,VP ☐ Delete
NAME WRIGHT, JOHN W
STREET ADDRESS 4001 9TH AVENUE S
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE S,T ☐ Delete
NAME WRIGHT, JOHN W
STREET ADDRESS 4001 9TH AVENUE S
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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

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:

JOHN W. WRIGHT
Signature and Typed or Printed Name of Signing Officer or Director

September 25, 06 727-3238043
Date Daytime Phone #