

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000151596

1. Corporation Name

Professional Plastering designs INC.

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

5409 Overseas Hwy

Suite, Apt. #, etc.

199

City & State

Marathon FL

Zip

33050

Country

USA

3. Mailing Office Address

5409 Overseas Hwy

Suite, Apt. #, etc.

199

City & State

Marathon FL

Zip

33050

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOV-2005

5. FEI Number

20-3797879

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

Gerardo Jimenez

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

5409 Overseas Hwy

Suite, Apt. #, Etc.

199

City

Marathon

State

FL

Zip Code

33050

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2-20-08

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
Pres	Gerardo Jimenez	5409 Overseas Hwy 199	Marathon FL 33050
Vice Pres	Eliseo Gallardo	35520 SW 1212th Ave	Florida city FL 33034

500118753045
02/25/08--01053--016 **450.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

Date

786-258-1812

Daytime Phone #

B. Mitchell

FEB 25 2008