

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000067500

1. Entity Name  
FITZROY STUCCO, INC.



FILED

08 NOV 21 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~441 SW 10TH AVENUE~~  
BOYNTON BEACH, FL 33435

Mailing Address  
~~441 SW 10TH AVENUE~~  
BOYNTON BEACH, FL 33435



2. Principal Place of Business - No P.O. Box #  
650 SW 2nd AVE  
Suite, Apt. #, etc.  
# 245

3. Mailing Address  
650 SW 2nd AVE  
Suite, Apt. #, etc.  
# 245

07292008 REIN-P CR2E098 (1/07)

City & State  
Boca Raton FLA  
Zip  
33432  
Country  
USA  
Raton Beach

City & State  
Boca Raton FLA  
Zip  
33432  
Country  
USA

4. FEI Number  
510612257  
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

Name  
Fitzroy Joseph  
Street Address  
650 SW 2nd AVE  
Apt. # 245  
City  
Boca Raton FL 33432

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FITZROY, JOSEPH  
~~441 SW 10TH AVENUE~~  
BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900136330489  
09/25/08--01029--008 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
650 SW 2nd AVE  
# 245  
Boca Raton FL 33432  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Per Mr. Fitzroy Joseph giving permission to change the R name to his person name  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
11/21/08  
MKWMS  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: *Joseph Fitzroy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/08  
Date

Daytime Phone #