

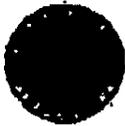
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FD6000151544**

1. Corporation Name

G & F Plastering Inc

11/02/09 01045-008 \$150.00
500162844115
11/16/09--01030--001 **150.00

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

1850 Providence
City & State
Brandon, FL
Zip
33511
County
US

3. Mailing Office Address

1850 Providence Lakes Blvd
City & State
Brandon, FL
Zip
33511
County
US

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/2006

5. Fed Number

20-8073354

Applied For
Not Applicable

6. CERTIFICATE OF STATUS OBTAINED

7. Name and Address of Current Registered Agent

Name
Franklyn Vicente
Street Address (P.O. Box Number is Not Acceptable)
1850 Providence Lakes Blvd
City, State, Zip
Brandon, FL 33511

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being approved the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 617.0805, F.S.

Signature of
Registered Agent

[Signature]

Date **10/27/09**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and Director (Florida corporate corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	Franklyn Vicente	1850 Providence Lakes Blvd Apt 1118	Brandon, FL 33511

10. I certify that I am an officer or director or the chairman or trustee incorporated to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reinstatement fee has been submitted, the corporate taxes and the requirements of section 607.0401 or 617.0401, F.S., and 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 any statements that have the same legal effect as if stated under oath.

SIGNATURE

[Signature]

Date **10/27/09** 813
966-4737