

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 13 AM 8:36



DOCUMENT # P07000074532

1. Entity Name
THOMPSON STUCCO INC

Principal Place of Business 1627 N SEACREAST BLVD BOYNTON BEACH, FL 33435	Mailing Address 1627 N SEACREAST BLVD BOYNTON BEACH, FL 33435
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2. Principal Place of Business - No P.O. Box # <i>Suite, Apt. #, etc.</i> 921 12th Ct. South <i>City & State</i> Lake Worth FL 33460 <i>Zip</i> 33460	3. Mailing Address <i>Suite, Apt. #, etc.</i> 921 12th Ct. South <i>City & State</i> Lake Worth FL 33460 <i>Zip</i> 33460
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07072009 REIN-P CR2E098 (1/07)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, SELVIN
1627 N SEACREAST BLVD
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name **THOMPSON, SELVIN**
Street Address (P.O. Box Number is Not Acceptable)
921 12th Ct. South
City **Lake Worth** FL Zip Code **33460**

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 Selvin Thompson DATE 7/7/09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P THOMPSON, SELVIN 1627 N SEACREAST BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thompson, Selvin 921 12th Ct. South Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete KS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REINSTATEMENT 08-09	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300158436983 07/13/09--01075--006 **300.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Selvin Thompson DATE 7/7/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #