PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 30 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000011951

REINSTATEMENT 96-01

1. Corporation Name
Farman's Affordable Stucco, Inc

2. Principal Office Address	3. Mailing Office Address
472 Gray Road	472 Gray Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, Florida	City & State: Cocoa, Florida
Zip: 32926 Country: BREVARD	Zip: 32926 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida: 2-16-1993

5. FEI Number: 59-3176392 ☐ 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: Denise T. McDonald
Street Address (P.O. Box Number is Not Acceptable): 472 GRAY Road
Suite, Apt. #, Etc.:
City: Cocoa. State: FL Zip Code: 32926

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Denise T. McDonald Date: 1-28-2002
REGISTERED AGENT MUST SIGN

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
P	Denise T. McDonald	472 Gray Road	Cocoa, Fl. 32926
VP	David J. McDonald	472 Gray Road	Cocoa, Fl. 32926
S.	Sylvia A. Roberts	2534 Lorna Dr.	Melbourne, Fl. 32935

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 under section 119.07(3)(i), 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.

X SIGNATURE: Denise T. McDonald 1-28-2002 321-639-6284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #