

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 13 PM 4:41

DOCUMENT # P94000057469

1. Corporation Name

ULTIMATE PLASTERING, INC.

Principal Place of Business

~~P.O. BOX 291640
PORT ORANGE FL 32119
US~~

1968 Old Daytona Rd.
DAY. Bch., FL.
32124.

Mailing Address

~~P.O. BOX 291640
PORT ORANGE FL 32119
US~~

1968 Old Daytona Rd.
DAY. Bch., FL.
32124.



REINSTATEMENT 00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SEE ABOVE.

3. New Mailing Office Address, If Applicable

SEE ABOVE.

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3262104

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FLEEMIN, JOHN D	29 ARROWHEAD CIRCLE	ORMOND BCH FL 32174
D	FLEEMIN, JOANNE J	29 ARROWHEAD CIRCLE	ORMOND BCH FL 32174
Both officers: 1968 Old DAYTONA Rd. DAYTONA Beach, FL. 32124.			
3000003856659--3 -03/16/01--01100--025 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

FLEEMIN, JOHN D
P.O. BOX 291640
PORT ORANGE FL 32119

1968 Old DAYTONA Rd.
DAY. Bch., FL. 32124.

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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****150.00 ****150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent John Fleemin **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-30-00

11. 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.

SIGNATURE:

Joanne J. Fleemin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joanne J. Fleemin, Vice-Pres.

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****600.00 ****600.00
11-30-00. (904) 756-1818.
Date Daytime Phone #

CR2E040 (8/00)