

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000025275

1. Entity Name
ANGELO DATTINI PLASTERING, INC.



FILED

08 FEB 11 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
668 N.W. 170TH TERRACE
PEMBROKE PINES, FL 33028

Mailing Address
668 N.W. 170TH TERRACE
PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box #

4630 SW 134 Ave

Suite, Apt. #, etc.

3. Mailing Address

4630 SW 134 Ave

Suite, Apt. #, etc.

02062008

REIN-P

CR2E098 (1/07)

City & State

SW Ranches, FL

City & State

SW Ranches, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. FEI Number

65-0568642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DATTINI, ANGELO
668 N.W. 170TH TERRACE
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name Dattini, Angelo
Street Address (P.O. Box Number is Not Acceptable)
4630 SW 134 Ave

City SW Ranches

FL

Zip Code 33330

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

TITLE DP
NAME DATTINI, ANGELO ☐ Delete
STREET ADDRESS 668 N.W. 170TH TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME Dattini, Angelo
STREET ADDRESS 4630 SW 134 Ave
CITY-ST-ZIP SW Ranches, FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900117725989
CITY-ST-ZIP 02/11/08--01048--010 **300.00

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

07-08

[Signature]

954-

2/6/08

684-2246