

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028010

1. Corporation Name

SOŞA PLASTERING, INC.

Principal Place of Business

1920 S.E. 14TH STREET
CAPE CORAL FL 33990

Mailing Address

1920 S.E. 14TH STREET
CAPE CORAL FL 33990

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1312 S.E. 18th Terr.

City & State

Cape Coral, FL.

Zip

33990

Country

U.S.A.

Suite, Apt. #, etc.

1312 S.E. 18th Terr.

City & State

Cape Coral, FL.

Zip

33990

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1995

5. FEI Number

65-0569641

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	SOSA, ALFREDO JR	1920 S.E. 14TH STREET	CAPE CORAL FL 33990
VD	SOSA, PURA	1920 S.E. 14TH STREET	CAPE CORAL FL 33990

8000002709658--7
-12/11/98--01004--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOSA, ALFREDO J R.
1920 S.E. 14TH STREET
CAPE CORAL FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Pura **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Pura **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98
Date

(941)
458-9348
Daytime Phone #