PLEASE READ ALL INS	TRUCTIONS BEFORE	COMPLETING THIS FORM.	•
FOR	DA DEPARTMENT OF STATE  Katherine Harris  Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE OFFICER OF STATE	) r <sub>(\$</sub> '
DOCUMENT # P9500063507  1. Corporation Marne		00 MAY 24 PM 2: 26	
· Dovert Stucco, Inc W= 8308			•
Principal Place of Business  Mailing Address  6715 S.E. 55 16 A O E  CENTER HILL FI			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT DE	) (
New Principal Office Address, If Applicable     Suite, Apt. #, etc.     Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida      Sell Number Applied  Applied	, d For
City & State City & State  Zip Country Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of	plicable required Status
Names and Street Addresses of Each Officer and/or Director (Fig. 1).	<del>_,,,,</del>		
Name of Officers   Street Address		ctor City / State / Zip	
Pres Cox, David O Sr.	629 Eleventh St Clermont, TC	34711 Clermont, FL 34711	
	·	400003298644 -06/21/0001034019 ***1350.00 ***1350.	
		7	
8. Name and Address of Current Registered Agent  Name  Name  Au  Au  Au  Au  Au  Au  Au  Au  Au  A		9. Name and Address of New Registered Agent  A Cox Sr	12/98)
Center Hill, A 33514		State Zip Sode 5/9	
10. I, being appointed the registered agent of the above partied corporation, am familiar with and accept Signature of Registered Agent REGISTERED AGENT MUST SIGN		obligations of Section 607.0505, F.S.  Date	
11. This corporation owes the current y Intangible Personal Property Tax de	S No (See other side for information on intangible tax.)		
owed by the corporation have been paid and the names of indivi- on this application is true and accurate, and my signature shall the	n eliminated, the corporate name satisfi duals listed on this form do not qualify t	es the requirements of section 607.0401 or 617.0401, F.S., that all/ for an exemption under section 119.07(3)(i), F.S. The information in	fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			