

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 OCT 29 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004428

1. Corporation Name

SUPERIOR STUCCO OF PENSACOLA, INC.

Principal Place of Business

306 ROBINHOOD LANE  
PENSACOLA FL 32526

Mailing Address

306 ROBINHOOD LANE  
PENSACOLA FL 32526



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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1996

5. FEI Number

59-3322596

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>P</del>	TAYLOR, LARRY	306 ROBINHOOD LANE	PENSACOLA FL 32526
<del>V</del>	KLUESNER, CURTIS	306 ROBINHOOD LANE	PENSACOLA FL 32526
<del>T</del>	ADAMS, DONALD	306 ROBINHOOD LANE	PENSACOLA FL 32526
P	KIMBRO, DOUGLAS	306 ROBINHOOD LANE	PENSACOLA FL 32526
D	KIMBRO, JENNIFER	306 ROBINHOOD LANE	PENSACOLA FL 32526
			800002340548--5 -11/06/97--01092--002 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Lonnie Simmons, P.A.

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

3000 Langley Ave.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

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

REGISTERED AGENT MUST SIGN

Date 10/26/97

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:

Jennifer A. Kimbro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/97 (850) 941-4375

Daytime Phone #

CR2E040 (8/97)