


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000023578</b> 1. Entity Name <b>A &amp; C PLASTERING, INC.</b>					
Principal Place of Business <b>8042 PORPOISE DRIVE MARATHON, FL 33050</b>			Mailing Address <b>8042 PORPOISE DRIVE MARATHON, FL 33050</b>		
2. Principal Place of Business <i>P.O. Box 162</i>		3. Mailing Address <i>P.O. Box 162</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MARATHON FL</b>		City & State <b>MARATHON FL</b>		4. FEI Number <b>65-0648683</b>	
Zip <b>33050</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEWLETT, GAYLE</b> <i>217 95th St Ocean</i> <b>MARATHON, FL 33050</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>217 95th St</i> City <b>FL</b> Zip Code	
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: <i>Gayle Hewlett</i> <span style="float: right;">10-27-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NATTA, ANTHONY 8042 PORPOISE DRIVE MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWLETT, GAYLE P.O. BOX 162 MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PH 10/31</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWLETT, GAYLE P.O. BOX 162 MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWLETT, GAYLE P.O. BOX 162 MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWLETT, GAYLE P.O. BOX 162 MARATHON, FL 33050	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWLETT, GAYLE P.O. BOX 162 MARATHON, FL 33050	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gayle Hewlett</i> <span style="float: right;">GAYLE HEWLETT 10-27-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED  
05 OCT 31 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10272005 REIN-P CR2E098 (6/04)

305/743-5813