

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 20 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

DOCUMENT # **P97000012684**

1. Corporation Name
Deaco Plastering, Inc

2. Principal Office Address
5448 25th Ave SW

3. Mailing Office Address
5448 25th Ave SW

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

Zip
34116

Country
Collier

Zip
34116

Country
Collier

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0795246

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Vickie Lambert

Street Address (P.O. Box Number is Not Acceptable)
5448 25th Ave SW

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34116

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Vickie Lambert

REGISTERED AGENT MUST SIGN

Date
2-21-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Armando Lambert	5448 25th Ave SW	Naples FL 34116
VP	Vickie Lambert	5448 25th Ave SW	Naples FL 34116

10. 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
2-21-02

Daytime Phone #
941-353-6918

B

2 of 2

Deaco Plastering, Inc.
5448 25th Avenue S W
Naples, FL 34116
(941) 353-6918

February 22, 2002

*Florida Department of State
Division of Corporations*

*Re: Annual Report
Deaco Plastering, Inc
FEIN: 65-0795246
Document Control Number: P97000012684*

Please find enclosed 2001 Uniform Business Report. We had not received this in the year 2001. Mailing address is change to the address above. Your office informed us that since we did not receive this form last year that the reinstatement fee would be waived. Have enclosed check for \$150.00 for annual fee.

Thank you for your assistance in this matter. If any additional information is needed please contact me at the number listed above.

Sincerely



*Armando Lambert
President*