

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043902

1. Corporation Name

Bryan's Plastering, Inc.

REINSTATEMENT 98-02

100005451661--1

-05/06/02--01006--007

*****50.00 *****50.00

2. Principal Office Address

505 E 29th St.

Suite, Apt. #, etc.

3. Mailing Office Address

505 E 29th St.

Suite, Apt. #, etc.

City & State

Sanford, FL.

City & State

Sanford, FL.

Zip

32773

Country

Seminole

Zip

32773

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-1997

5. FEI Number

59-3586397

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

Joseph Bryan

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

505 E 29th St.

Suite, Apt. #, Etc.

City

Sanford

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***1300.00 ***1300.00

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

Joseph J. Bryan

REGISTERED AGENT MUST SIGN

Date 4-19-02

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
Pres.	Joseph Bryan	505 E 29th St.	Sanford, FL 32773
Y.P.	Joseph Bryan	↓	
Tr.	Joseph Bryan		
Sec.	Joseph Bryan		

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:

Joseph Bryan

Date

4-19-02

Daytime Phone #

CR2E081 (9/01)