

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 23 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # pa70000u3402

1. Corporation Name

BRYAN'S PLASTERING INC

2. Principal Office Address

505 EAST 29th ST

Suite, Apt. #, etc.

3. Mailing Office Address

505 EAST 29th ST

Suite, Apt. #, etc.

City & State

SANFORD FL

Zip

32773

Country

SEMINOLE

City & State

SANFORD FL

Zip

32773

Country

SEMINOLE

REINSTATEMENT 03-04

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 ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOSEPH JACQUES BRYAN

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

505 EAST 29th ST.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

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

4-20-04

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
<u>PVT</u>	<u>JOSEPH BRYAN</u>	<u>505 EAST 29th ST</u>	<u>SANFORD FL 32773</u>

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 J. Bryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

355-407-321-573

Daytime Phone #

CR2E081 (10/02)

4-20-04

To Whom it may CONCERN

I Joseph BRYAN did NOT RELIEVED the
RENEWAL for the Corporation SO WAS NOT AWARE
of the CANCELLATION. Thank you for EVERYTHING.

Joseph J Bryan
Bryan's PLASTERING INC

DAY. 407-402-1292