

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in South
Secretary of State
DIVISION OF CORPORATIONS

02-03 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 AM 8:15

DOCUMENT # P97000053551

1. Corporation Name

ABSOLUTE PLASTERING, INC.

Principal Place of Business

Mailing Address

1723-3 PARKMEADOWS
APT 3
FT MYERS FL 33907
US

1723 -3 PARKMEADOWS DRIVE
FT MYERS FL 33907

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



000016671380
04/22/03--01061--016 **150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2180 ELKTON CT

2180 ELKTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT Myers FL

FT Myers FL

City & State

City & State

Fort Myers FL

33907

Zip

Zip

33907

Lee

33907

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1997

5. FEI Number

65-0706010

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FURLONG, MICHAEL J	1723 -3 PARKMEADOWS DRIVE	FT MYERS FL 33907
VP	LOCKHART, CLIFTON	1723-3 PARK MEADOWS DR	FORT MYERS FL 33907
S	GUIERREZ, YELITZA	1723 PARK MEADOWS DR	FORT MYERS FL 33907

000016671380
05/13/03--01023--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FURLONG, MICHAEL J
1723 -3 PARKMEADOWS DRIVE
FT. MYERS FL 33907

Name

Michael J Furlong

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

2180 ELKTON CT

Suite, Apt. #, Etc.

FT Myers

City

Fort Myers

State

FL

Zip Code

33907

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4-9-03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-03 239-274-3660

CR2E040 (8/02)

PPRWR

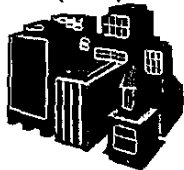
Absolute Plastering, Inc

1723-3 Parkmeadows Dr

Ft Myers. FL 33907

Office # (239) 274-3660

Fax # (239) 277-9666



04/11/03

To Department of State Division Corporation

409 East Gaines St. Tallahassee, FL 32399

2002

We have not recieved any prior UBR notices do to the fact that we have changed our address.

Our new Address is 2180 Elkton ct. Fort Myers, FL 33907.

Enclosed is the Application for Reinstatement along with a \$150.00 check for the filing fee.

Sincerely

Yelitza Gutierrez

Yelitza Gutierrez