

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 3:06

DOCUMENT # **PA7000058715**

1. Corporation Name
UNION PLASTERING INC.
P.O. BOX 6892
FORT MYERS, FL 33911

2. Principal Office Address

Union Plastering, Inc.

Suite, Apt. #, etc.

6690 Crest Ridge Loop

City & State

FORT MYERS

Zip

33912

Country

U.S.A.

3. Mailing Office Address

P.O. Box 6892

Suite, Apt. #, etc.

1413

City & State

FORT MYERS

Zip

FL 33911

Country

U.S.A.

REINSTATEMENT

DOC

4. Date Incorporated or Qualified
To Do Business in Florida

07-03-97

5. FEI Number

65-0750931

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

JEAN KONIQUE LOUIS

000004627620-0

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

6690 CREST RIDGE LOOP #1413

-10/08/01-01085-013

******908.75 ****908.75**

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33912

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

JEAN KONIQUE LOUIS
REGISTERED AGENT MUST SIGN

Date **06-22-01**

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.	JEAN KONIQUE LOUIS	6690 Crest Ridge Loop #1413	Ft Myers Fla 33912
Vic-P	SMITH LUBERISSE	5650 6th Ave	Ft Myers Fla 33907
ST	MERCEDES LOUIS	212 N. B. St	Lake Worth Fla 33460

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:

JEAN KONIQUE LOUIS

JEAN R. LOUIS

Date

06-22-01 (941) 2679837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CRZE081 (9/00)