

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 13 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060061

1. Corporation Name

CDP PLASTERING COMPANY

6251 SW 7TH STREET

2. Principal Office Address

6251 SW 7TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

Zip

33068

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 7/9/1997

5. FFI Number

65-0770839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

CARMINE DI PALERMO

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

6251 SW 7TH STREET

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33068

600040453106
09/24/04--01019--008 **1350 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

Carmine Di Palermo

Date 8/16/2004

REGISTERED AGENT MUST SIGN

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	CARMINE DI PALERMO	6251 SW 7TH STREET	MARGATE, FL. 33068

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

Carmine Di Palermo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/04

Daytime Phone #

CR20081 (01/04)