

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # **P98000007343**

1. Corporation Name

**SOUTHEASTERN STUCCO, INC.**

Principal Place of Business

12350 CLEAR LAGOON TRAIL  
JACKSONVILLE FL 32246  
US

Mailing Address

12350 CLEAR LAGOON TRAIL  
JACKSONVILLE FL 32246  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/1998

5. FEI Number

59-3488918

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SIPUS, MIROSLAV	12350 CLEAR LAGOON TRAIL	JACKSONVILLE FL 32246
VP	SIPUS, JAN	12350 CLEAR LAGOON TRAIL	JACKSONVILLE FL 32246

8. Name and Address of Current Registered Agent

KNAPP, PETER  
737 S HICKORY MANOR DR  
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name

JAN SIPUS

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

12350 CLEAR LAGOON TRAIL

Suite, Apt. #, Etc.

City

JAX FL 32246

State

FL

Zip Code

32246

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]*  
REGISTERED AGENT MUST SIGN

Date

10/23/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03  
Daytime Phone #

CR20040 (7/03)