

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000034359

1. Corporation Name

Fernander Stucco, Inc

Principal Place of Business

Mailing Address

1951 NW 141 Street Bay 43  
opp Locks Fla 33054

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

11-2-98

5. FEI Number

65-0830629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	George Fernander	<u>180 NE 71 Street Apt #10</u>	<u>Miami Fla 33138</u>

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-12/21/99--01060--014  
\*\*\*\*750-00 \*\*\*\*750-00

**REINSTATEMENT** 99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

George Fernander  
180 NE 71 Street Apt #10  
Miami Fla 33138

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0806, F.S.

Signature of Registered Agent

George Fernander

REGISTERED AGENT MUST SIGN

Date

12/06/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

Included with this application (See other side for information on intangible tax.)

12. 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(5)(j), 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: George Fernander GEORGE FERNANDER 10/18/99 305 685 8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRECONE (1/99)