

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000034359

1. Entity Name

FERNANDER STUCCO, INC.

FILED

04 FEB 23 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1951 NW 141 STREET

3. Mailing Address
1951 NW 141 STREET

Suite, Apt. #, etc.
BAY 43

Suite, Apt. #, etc.
BAY 43

City & State
OPA LOCKA FL

City & State
OPA LOCKA FL

4. FEI Number
65-0830629

Applied For
Not Applicable

Zip
33054

Country
USA

Zip
33054

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

REINSTATEMENT 03-04

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROSA SYMONETTE

Street Address (P.O. Box Number is Not Acceptable)
1951 NW 141 STREET

BAY 43

City
OPA LOCKA

FL

Zip Code
33054

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Rosa Symonette*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/16/04

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P/T
NAME ROSA SYMONETTE
STREET ADDRESS 1951 NW 141 STREET BAY 43
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE
NAME
STREET ADDRESS 100029379431
CITY-ST-ZIP 02/25/04--01015--003 **150.00

TITLE V/P
NAME NELSON FERNANDER
STREET ADDRESS 1951 NW 141 STREET BAY 43
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE
NAME
STREET ADDRESS 100029379431
CITY-ST-ZIP 02/25/04--01015--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosa Symonette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/04 (786) 287-2367

Date

Daytime Phone #

CR2E034B (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000034359			
1. Corporation Name FERNANDER STUCCO, INC.			
2. Principal Office Address 1951 NW 141 STREET Suite, Apt. #, etc. BAY 43 City & State OPA LOCKA, FL Zip 33054 Country USA		3. Mailing Office Address 1951 NW 141 STREET Suite, Apt. #, etc. BAY 43 City & State OPA LOCKA, FL Zip 33054 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 04/13/1998	
		5. FEI Number 65-0830629	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name ROSA SYMONETTE			
Street Address (P.O. Box Number is Not Acceptable) 1951 NW 141 STREET			
Suite, Apt. #, Etc. BAY 43			
City OPA LOCKA		State FL	Zip Code 33054

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 *Rosa Symonette* Date 02/16/04
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
PT	ROSA SYMONETTE	1951 NW 141 ST BAY 43	OPA LOCKA, FL 33054
VP	NELSON FERNANDER	1951 NW 141 ST BAY 43	OPA LOCKA, FL 33054

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: *Rosa Symonette* Date 02/16/04 (786) 287-2367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED81 (01/04)

Fernander Stucco, Inc.
1951 N.W. 141 St. Bay 43
OpaLocka, Florida 33054
Document Number #P98000034359

Reinstatement Request

Attn: Andy Dunlap
Division of Corporations
Reinstatement Section

Dear, Mr. Dunlap we are in receipt of your response to our request please find the required information below along with the required fees.

This letter is serving as a notice that we never received the annual renewal report for 2003. As per your request please find attached a completed application for reinstatement along with (\$150.00 for 2003 and \$150.00 for 2004).

Sincerely;

Nelson Fernander