

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 25 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 98000035204

1. Corporation Name  
Suciu Stucco & Stone, Inc

2. Principal Office Address <u>10550 Baymeadows Road</u>		3. Mailing Office Address <u>10550 Baymeadows Road</u>	
Suite, Apt. #, etc. <u>Suite #220</u>		Suite, Apt. #, etc. <u>Suite #220</u>	
City & State <u>Jacksonville, Florida</u>		City & State <u>Jacksonville, Florida</u>	
Zip <u>32256</u>	Country <u>U.S.A</u>	Zip <u>32256</u>	Country <u>USA</u>

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified To Do Business in Florida <u>April 25, 1998</u>	Applied For Not Applicable
5. FEI Number <u>35-2004184</u>	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 Peter Suciu

Street Address (P.O. Box Number is Not Acceptable) 10550 Baymeadows Road Suite #220

City Jacksonville State FL Zip Code 32256

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-10/06/00--01094--007  
\*\*\*\*900.00 \*\*\*\*900.00

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 Peter Suciu Date 9/18/00  
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
Pres	Peter Suciu	10550-220 Baymeadows Rd, Jacksonville, FL 32256	Jacksonville, Florida 32256
Secy	Gabriella Suciu	10550-220 Baymeadows Rd	Jacksonville, Florida 32256

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 11.07(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: Peter Suciu Date 9/18/00 Daytime Phone # KE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)