

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Suciu Stucco & Stone, Inc

2. Principal Office Address

10550 Baymeadows Road

Suite, Apt. #, etc.

Suite #220

City & State

Jacksonville, Florida

Zip

32256

Country

U.S.A

3. Mailing Office Address

10550 Baymeadows Road

Suite, Apt. #, etc.

Suite #220

City & State

Jacksonville, Florida

Zip

32256

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

April 25, 1998

5. FEI Number

35-2004184

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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, Apt. #, Etc.

Suite #220

City

Jacksonville

State

FL

Zip Code

32256

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

REGISTERED AGENT MUST SIGN

Date

9/18/00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE