

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -4 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050003 (Previous)

1. Corporation Name

R & J PLASTERING, INC.

Principal Place of Business

Mailing Address

5301 NW 17th Street
Lauderhill, FL 33313

SAME

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

65-0840568 (Previous)

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	RAYMOND BRAVE	5301 NW 17th STREET	LAUDERHILL, FL 33313
VP	LEONCE NAZAIRE	6702 NW 2nd COURT	MIAMI, FL 33150
SEC.	JEANNETTE MICHEL	5301 NW 17th STREET	LAUDERHILL, FL 33313
TRES.	CASSIE BRAVE	5301 NW 17th STREET	LAUDERHILL, FL 33313
			788883136657-1 -02/16/00--01006--012 ***500.00 ***500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYMOND BRAVE
5301 NW 17th Street
Lauderhill, FL 33313

Name

000003136660--2

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

-02/16/00--01006--013

***200.00 ***200.00

Suite, Apt. #, Etc.

City

State

Zip Code

400003136664--0

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0545, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

-02/16/00--01006--014

***200.00 ***200.00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(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(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

01/14/00

Date

954-805-7178

Daytime Phone #

KE

CR2E081 (12/96)