

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 25 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076619

1. Corporation Name

L.P.S. LATH, PLASTERING & STUCCO INC

2. Principal Office Address

2011 Discovery Cir E

Suite, Apt. #, etc.

City & State

Deerfield Beach Fl

Zip

33442

Country

USA

3. Mailing Office Address

2011 Discovery Cir E

Suite, Apt. #, etc.

City & State

Deerfield Beach Fl

Zip

33442

Country

USA

REINSTATEMENT 01-03

400021643134
07/18/03--01041--002 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/01/1998

5. FEI Number

65-0861938

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

Sheila A Modas

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

1215 SE 2 Ave # 202 (PO Box 21723)

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

Sheila A. Modas
REGISTERED AGENT MUST SIGN

Date

July 14, 2003

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
PD	Eddie Brown	2011 Discovery Circle E	Deerfield Beach Fl 33442

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

7/14/2003

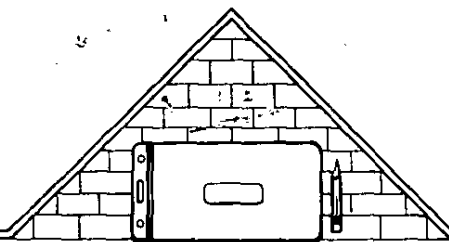
Daytime Phone #

954
444.3727

CR2E081 (9/01)

7/8/2003

2/2



Professional Financial Accounting, Inc.

1215 S.E. 2nd Avenue
Suite 202
P.O. Box 21723
Ft. Lauderdale, FL 33335
(954) 763-2960

July 16, 2003.

Florida Department of State.
Division of Corporations.
Reinstatement Division.
P.O. Box 6327,
Tallahassee, Fl 32304

RE: L.P.S. Lath Plastering & Stucco Inc.
Document # P98000076619

Please find enclosed Corporation Reinstatement documents
for the above client of ours, and a check in the amount of
\$ 150.00.

Our client had moved and the Annual Report was not forwarded
to him. He did not realize this until he went to apply for
Insurance and then he was notified that his Corporation was
dissolved.

Can you please consider accepting the check for \$ 150.00 and
his Corporation be reinstated. Thank you for your consideration
in this matter.

Sincerely,

Sheila A. Modas.

sam