

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 24 PM 5:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093051

1. Corporation Name

CMA PLASTERING INC.

Principal Place of Business

10119 SUNSHINE DRIVE  
BONITA SPRINGS FL 34135

Mailing Address

10119 SUNSHINE DRIVE  
BONITA SPRINGS FL 34135

*Handwritten initials*



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1998

5. FEI Number

65-0871944

Applied For

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 3	City / State / Zip 4
PT	ASHKER, CHRISTOPHER	10119 SUNSHINE DR.	BONITA SPRINGS FL 34135
VP	NAUARA JAMES, TIR	10119 SUNSHINE DR.	BONITA SPRING FL 34135
S	ASHKER, REBECCA	10119 SUNSHINE DRIVE	BONITA SPRINGS FL 34135

400024064584  
10/24/03--01014--008 \*\*750.00

8. Name and Address of Current Registered Agent

ASHKER, CHRISTOPHER  
10119 SUNSHINE DRIVE  
BONITA SPRINGS FL 34135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Christopher Ashker  
28210 Ded 41 Road  
Suite 307  
Bonita Springs  
FL 34135

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Handwritten signature of Christopher Ashker*

REGISTERED AGENT MUST SIGN

Date 10-20-03

11. 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:

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

239-992-1745

CR2E040 (7/03)