

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 OCT 30 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **099 000005750**

1. Corporation Name

**Washington Stucco & Stone, Inc.**

2. Principal Office Address

**2743 63 Avenue S.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 52**

Suite, Apt. #, etc.

City & State

**St. Petersburg**

City & State

**Palm Harbor, FL**

Zip

**33712**

Country

**USA**

Zip

**34685**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/99**

5. FEI Number

**59-3554338**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Washington Walters**

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

**501 S. Disston Avenue**

Suite, Apt. #, Etc.

City

**Tarpon Springs**

State

**FL**

Zip Code

**34689**

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

Date

**09/21/06**

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
PSD	Washington Walters	P.O. Box 52	Palm Harbor, FL 34685

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 contained in Chapter 119, 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

**Washington Walters**

Date

**09/21/06**

Daytime Phone #

**727-919-2937**

2x 10/31

**WASHINGTON STUCCO & STONE, INC.**

Post Office Box 52

Palm Harbor, Florida 34685-0052

(727) 919-2937

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

REF: Articles of Reinstatement

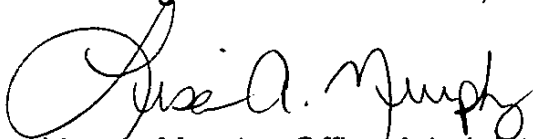
Dear Sir/Madame:

Enclosed please find the completed Corporation Reinstatement application for the corporation known as WASHINGTON STUCCO & STONE, INC. In June of 2004 the corporation relocated to the above referenced address. It was at that time that no Annual Reports were received by the corporation. Therefore, we are respectfully requesting that the reinstatement filing penalty be waived as the Annual Reports were not received at our new address. I have enclosed a check in the amount of \$300.00 to cover the fee for the annual report for the last two years.

Thank you for your consideration.

Sincerely,

Washington Stucco & Stone, Inc.



Lisa A. Murphy, Office Administrator