PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 11 PM 4:26

REINSTATEMENT 00-01

DOCUMENT # P99000013225

1. Corporation Name

BENEDICT LIONEL STUCCO INC

2. Principal Office Address		**3.** Mailing Office Address	
129 N. PINE HILLS RD		129 N. PINE HILLS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ORLANDO, FL		ORLANDO, FL	
Zip	Country	Zip	Country
32808	ORANGE	32808	ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 2/8/99

5. FEI Number 59-3551213 ☐ 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
BENEDICT LIONEL

Street Address (P.O. Box Number Is Not Acceptable)
129 N PINE HILLS RD

300004642045--4
-10/18/01--01067--011
****500.00 ****500.00

Suite, Apt. #, Etc.

City	State	Zip Code
ORLANDO	FL	32808

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 X Benedict Lionel Date 10-5-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
D	BENEDICT LIONEL	129 N PINE HILLS RD	ORLANDO, FL 32808
D	RAYMOND CLAVIER	2141 ORANGE CENTER BLVD #H	ORLANDO, FL 32805
D	VICTOR CLAVIER	4373 S. TEXAS AVE #212	ORLANDO, FL 32839

10/17

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: X Benedict Lionel BENEDICT LIONEL 10-5-01 407 296-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #