PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION _ .≁FOŔ REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000035798 DOCUMENT #

1. Corporation Name

SUPERIOR STUCCO OF ESCAMBIA COUNTY, INC.

306 ROBINHOOD LANE PENSACOLA FL 32526

Suite, Apt. #, etc.

-City & State --- --

Principal Place of Business

Mailing Address

306 ROBINHOOD LANE PENSACOLA FL 32526

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

Suite, Apt. #, etc.

City & State

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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3	PIRECT		 _	_	_

REINSTATEMENT

Date Incorporated or Qualified To Do Business in Florida	04/20/1999		
5. FEI Number	Applied For		

<u>-54-3554689</u>

Zip		Country	Zip		Country	CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Add	dresses of Each Officer and/o	or Director (Flor	ida nonprofi	t corporations must list at lea	st 3 directors)		
Title(s) 1	e(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3		City / State / Zip		
PTD	KIMBRO, DOUGLAS E			306 ROBINHOOD LANE		PENSACOLA FL 32526		
SVD	VD KIMBRO, JENNIFER A			306 ROBINHOOD LANE		PENSACOLA FL 32526		
							9999496	4116
							-04/24/01-	01075020 00 ****750.00
				•		60	 000406 -04/24/01=	4116 3
							****150.0	0 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIÀ AVENUE CORAL GABLES EL 3313

Zin Code

10. I, being appointed the

Signature of Registered Agent

per led agent of the above named corporation, am familiar with and accept the obligance

Penasgola of Section 607.0505, F.S

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.

12/22/00 12/22/00 Date Daytime Phone #