1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000057100

1. Corporation Name
Trier Plastering & Stucco Inc.

2001 UBR

2. Principal Office Address	3. Mailing Office Address
2920 Floyd St	2920 Floyd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State: Sarasota, Fl
Zip: 34239 Country: USA	Zip: 34239 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 199

5. FEI Number: 65 0926734 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kevin Trier

Street Address (P.O. Box Number is Not Acceptable): 2920 Floyd St

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34239

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-12/31/01--01058--002
****150.00 ****150.00

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 Kevin Trier Date: 12-14-01

REGISTERED AGENT MUST SIGN

CR2E081 (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
P	Kevin Trier	2920 Floyd St	Sarasota, Fl 34239
T	Theresa Trier	2920 Floyd St	Sarasota, fl 34239
V	Robert Trier	3224 Dante Dr	Sarasota, Fl 34235

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: Theresa Trier 12/14/01 (941) 957-0213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Trier Plastering & Stucco Inc.

2920 FLOYD ST
Sarasota, Florida 34239
USA

Phone 957-0213
Fax 957-0213

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December 05, 2001

Division of Corporations
Reinstatement Section

To whom it may concern,,

Hello, I am writing this letter to let you know that our company has changed address, and I did not receive the Uniform Business report. I was told that it was returned to your office, so I would like to be reinstated as soon as possible. Enclosed is a check for 150.00 and the reinstatement form. We need a reactivation certificate to get an occupational license.

Sincerely,

Theresa Trier

Theresa Trier

Trier Plastering & Stucco Inc.