

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 19 AM 9:45

DOCUMENT # P99000067401

1. Corporation Name

General Plastering, Inc

REINSTATEMENT

02-03

2. Principal Office Address

8500 SW 8 ST

Suite, Apt. #, etc.

228

City & State

Miami

Zip

33144

Country

USA

3. Mailing Office Address

8500 SW 8 ST

Suite, Apt. #, etc.

228

City & State

Miami

Zip

33144

Country

USA

200019319872

05/19/03--01056--009 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0937001

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

Jose L. Machado

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

8500 SW 8 ST #238

Suite, Apt. #, Etc.

238

City

Miami

State

FL

Zip Code

33144

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

REGISTERED AGENT MUST SIGN

Date 5/12/03

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Augustin Herrera | 8500 SW 8 ST #228 | Miami, FL 33144 |
| SD | Juan Carlos Quevedo | 8500 SW 8 ST #228 | Miami, FL 33144 |
| VTD | Angel Valois | 8500 SW 8 ST #228 | Miami, FL 33144 |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/03 305-262-1533

CR2E081 (10/02)

5/27