

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 18 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700098020527  
04/23/07--01047--009 \*\*465.00

**REINSTATEMENT** 05-07

CR2E081 (1/07)

DOCUMENT # P99000083476

**1. Corporation Name**

J M Plastering Contractor, Inc.

**2. Principal Office Address - No P.O. Box #**

1759 5th St

Suite, Apt. #, etc.

**City & State**

Sarasota, FL

**Zip**

34236

**Country**

USA

**3. Mailing Office Address**

P.O. Box 19319

Suite, Apt. #, etc.

**City & State**

Sarasota, FL

**Zip**

34276

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9-17-99

**5. FEI Number**

05-0950371

**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**

Marvin E. Johnson

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

1759 5th St.

Suite, Apt. #, Etc.

**City**

Sarasota

**State**

FL

**Zip Code**

34236

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-29-07

**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
DP	Marvin E. Johnson	1759 5th St.	Sarasota, FL 34236
DVP	Sheila C. Mayes	1759 5th St.	Sarasota, FL 34236

**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

Date

3-29-07

Daytime Phone #

2/2

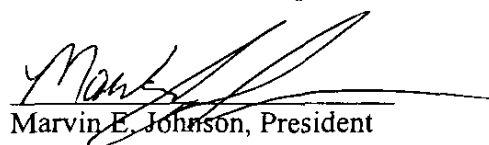
March 29, 2007

To: Florida Division of Corporations  
Attn: Patricia Bailey

Re: JM Plastering Contractors, Inc.  
Ein #: 65-0950371

This letter is to inform you of my reasoning for not responding to a returned check notice you sent in June 2005. At that time, the company was not doing well and the future of it was unknown. The financial responsibilities became overwhelming and extremely disorganized. There was little activity going on within the company. I am sorry for any inconveniences. I would, however, like to retain JM Plastering Contractors, Inc.'s status as active. I am enclosing a copy of a notice from the Division of Workers' Compensation. The corporation must be reinstated by April 1, 2007 to satisfy their standards. I appreciate any assistance from you in expediting this matter.

Thank you for your help.

  
Marvin E. Johnson, President