

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 999000090326

1. Corporation Name

R. L. T. PLASTERING INC.

2. Principal Office Address

3. Mailing Office Address

1433 OAKVillage Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Largo FL.

Zip

Country

Zip

Country

33778

PINEILLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

11/8/99

5. FEI Number

59-3610608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee for Renewal  
For a full list of fees, see the  
Florida Statutes, Chapter 607.

## 7. Name and Address of Current Registered Agent

Name

Robert L. Teagle Sr.

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

1433 OAKVillage Dr.

Suite, Apt. #, Etc.

City

Largo

State

Zip Code

FL

33778

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

Robert L. Teagle Sr.

REGISTERED AGENT MUST SIGN

Date 2/02/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---------------------------------------------------|--------------------|
| pres. | Robert L. Teagle Sr.                 | 1433 OAKVillage Dr.                               | Largo, FL, 33778   |
|       |                                      |                                                   |                    |
|       |                                      |                                                   |                    |
|       |                                      |                                                   |                    |
|       |                                      |                                                   |                    |
|       |                                      |                                                   |                    |

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:

Robert L. Teagle Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/02/06

Daytime Phone #

Date: 1/2/06 20F2

R.L.T. PLASTERING INC.



TO: THE FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE

REF: PENALTY CHARGE FOR 2004

TO WHOM IT MAY CONCERN ,

I AM NOTIFYING YOU IN REGARDES OF A \$600.00 PENALTY THAT IS REQUESTED. I NEVER GOT ANY NOTICE FOR 2004 ANNUAL REPORT BUT I DID SEND IN MY FEE OF \$150.00 AND FORM. I NEVER RECIVED NOTICE REQUESTING ADDITIONAL INFORMATION SO I AM ASKING YOU TO PLEASE WAIVE THE \$600.00 PENALTY. I HAVE INCLUDED 2006 ANNUAL REPORT FEE OF \$150.00 IN CHECK FORM(CK# 4061).

R.L.T. PLASTERING INC.

A handwritten signature in black ink, appearing to read 'Robert L. Teagle Sr.', with a stylized flourish at the end.

ROBERT L. TEAGLE SR.  
PRESIDENT

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
JAN 11 2006  
TALLAHASSEE, FLORIDA