

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098547

1. Corporation Name

L & D Plaster, Inc.

2. Principal Office Address

3474 University Dr.

Suite, Apt. #, etc.

334

City & State

Sunrise Florida

Zip

33351

Country

Broward

3. Mailing Office Address

4 N.W. 44th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33127

Country

Dade

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/99

5. FEI Number

650959987

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

Odilo Dorvil 4 N. W. 44th St. Miami, Fl. 33127

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

900024578609

11/12/03 01009 008 **150.00

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Odilo Dorvil

REGISTERED AGENT MUST SIGN

Date 11/6/03

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
Pres.	Odilon Dorville	4 N.W. 44th St.	Miami Fla. 33
	Delete: <i>✓</i>		
	Clecider Laire	227 NW 6th Ave.	Miami, Fl. 331

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

Odilo Dorvil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 6, 2003

Date

Daytime Phone #

CR2E081 (10/02)

L G D PLASTER, INC.
3474 UNIVERSITY DR. # 334
SUNRISE, FLORIDA 33351

November 6th, 2003

Department Of State
Division Of Corporations
P O Box 6327
Tallahassee, Florida 32314

RE: P99000098547

It has come to my attention the the set corporation is inactive as a result of not paying the annual dues of \$150.00.

However I never received my copy of the annual report to pay therefore it slipped my mind.

I am enclosing a check in the amount of \$150.00 plus the re-instatement form. Please reinstate my corporation as soon as possible. My mailing address is: 4 n. w. 44th street, Miami Fl. 33127.

Thank you Very Much,

Odilia Davis