

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 20 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ZMR STUCCO, Inc.

1. Corporation Name

P99000101299

REINSTATEMENT 04-06

2. Principal Office Address

709 13th Ave S.

Suite, Apt. #, etc.

3. Mailing Office Address

709 13th Ave S.

Suite, Apt. #, etc.

City & State

JAX Bch, FL

City & State

JAX Bch, FL

Zip

32250

Country

Duval

Zip

32250

Country

Duval

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1999 / NOV 18

5. FEI Number

39-3609017

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

Zbynek Zachrdla

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

709 13th Ave South

Suite, Apt. #, Etc.

000074056240

05/05/06--01019--026 \*\*450. 10

City

JAX Bch

State

FL

Zip Code

32250

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 4/10/06

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	Zbynek Zachrdla	709 13th Ave S.	JAX Bch, FL 32250

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/06

Daytime Phone #

904-759-6421

TO: Florida Dept of State  
Division of Corporations

4/10/06

292

ZMR Stucco Inc did not  
receive any annual report  
notices for the year 2004  
or 2005. As per our conversation  
with Division of Corporations in  
Tallahassee we have enclosed a  
check in the amount of 450.00  
as advised. Please reinstate  
corp. FCI number 39-3609017

Thank you;

*[Signature]*