

03/21/2008 FRI 12:52 FAX


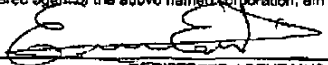

page 1 of 2
002/002

((H08000073176 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08 MAR 21 AM 8:16

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000097013 1. Corporation Name					
A 1000 PLASTERING, Inc.					
2. Principal Office Address - No P.O. Box # 2760 Foxhall Dr. Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State West Palm Beach, FL			City & State 		
Zip 33417	Country USA	Zip 	Country 	4. Date Incorporated or Qualified To Do Business in Florida 9/9/2002	
5. FEI Number 30-0132630				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Elvin E. Elvir					
Street Address (P.O. Box Number is Not Acceptable) 2760 Foxhall Dr.					
Suite, Apt. #, Etc. 					
City West Palm Beach			State FL	Zip Code 33417	
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  Date _____					
REGISTERED AGENT MUST SIGN					
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	Elvin Elvir	2760 Foxhall Dr.		West Palm Beach, FL, 33417	
10. I certify that I am an officer or director of 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	Daytime Phone #

CR2E081 (1/07)

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.

REINSTATEMENT
REINSTATEMENT

07-08
TS 3/24/08

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000073176 3))



H080000731763ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

A 1000 PLASTERING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	300.00

\$300.00

Electronic Filing Menu

Corporate Filing Menu

Help