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Division of Corporations

Florida Department of State  
Division of Corporations  
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.

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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
A 1000 PLASTERING, INC.

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

thanks!

Electronic Filing Menu

Corporate Filing Menu


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 FEB -5 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097013  
1. Corporation Name  
A 1000 PLASTERING, INC.

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #  
2760 FOXHALL DR  
Suite, Apt. #, etc.

3. Mailing Office Address  
2760 FOXHALL DR  
Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL

City & State  
WEST PALM BEACH, FL

Zip Country  
33417 US

Zip Country  
33417 US

4. Date Incorporated or Qualified To Do Business in Florida 09/09/2002

5. FEI Number 300132630  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

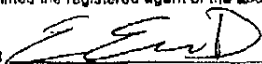
Name  
ELVIN E. ALVIR

Street Address (P.O. Box Number is Not Acceptable)  
2760 FOXHALL DR  
Suite, Apt. #, Etc.

City State Zip Code  
WEST PALM BEACH, FL FL 33147

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  Date 2/4/2010  
REGISTERED AGENT MUST SIGN

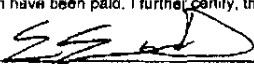
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ELVIN E. ALVIR	2760 FOXHALL DR	WEST PALM BEACH, FL 33417

20215

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. 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, I further certify, 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:  ELVIN E. ALVIR Date 2/4/2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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