

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 18 PM 3:59

DOCUMENT #

L 82782

1. Corporation Name

AGB DECORATIVE MASONRY INC

2. Principal Office Address

6 NORWOOD AVE

3. Mailing Office Address

6 NORWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO FLORIDA

City & State

KEY LARGO FLORIDA

Zip

33037

Country

USA

Zip

33037

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 25 1990

5. FEI Number

650247935

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

GERARD BRIAND

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

6 NORWOOD AVE

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

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

G. Briand

REGISTERED AGENT MUST SIGN

Date 1-22-02

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
AGENT SECRETARY	GERARD BRIAND	6 NORWOOD AVE	KEY LARGO FL 33037
TREASURER	DIANNE COE	10850 SW 170 TERRACE	MIAMI FL 33157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

305-451-4657

394-0198

Daytime Phone #

CR2E081 (9/01)

#1

JAN 28-02

To: Florida State Division of Corporation

From: Gerard Briano / A.G.B. ^{DECATIVE} MASONRY INC.

Regarding: Status of my reinstatement
of Incorporation

To whom IT may concern:

This letter serves as an article of
my current status of incorporation.

Last year I did not receive
any information or form letter regarding
my incorporation to be of current
operational status. Please research
my file & contact ^{me} as soon as possible
on what you need for me to do
concerning this matter

Home Address: 6 Norwood Ave

Key Largo, FL 33037

cell # 394-0128

HK # (305) 451-4057

per ATTACHED
ARE DETAILS
PAGE # 2

~~#1~~

LAST YEAR 2001 I CONTACTED
A MEMBER OF YOUR OFFICE IN JULY TO
SEND ME A FORM TO FILE FOR THE
CORPORATION. I NEVER RECEIVED SUCH
INFORMATION - SO I MADE ANOTHER EFFORT
TO CONTACT YOUR OFFICE IN NOV. - 2001
I RECEIVED THE FORM OF REINSTATEMENT
WHICH IS ENCLOSED. HE STATED TO
WRITE THIS LETTER & ENCLOSE THIS FORM
ALONG WITH A PAYMENT OF 150.00 (ENCLOSED)
AND THIS LINE OF BUSINESS APPROACH WOULD
REINSTATE MY CORPORATION TO ACTIVE STATUS.

Any questions on this matter please

Thank You
Linda Perry Baines