

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005107

1. Corporation Name

Florida Masonry Apprentice and Educational Foundation,
Inc.

2. Principal Office Address

1601 Belvedere Road

3. Mailing Office Address

P.O. Box 457

Suite, Apt. #, etc.

Suite 200E

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Boca Raton, FL

Zip

33406

Country

USA

Zip

33429-0457

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/05/2002

5. FEI Number

04-3712355

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

Patrick McLaughlin

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

1601 Belvedere Road

Suite, Apt. #, Etc.

Suite 200E

City

West Palm Beach

State

FL

Zip Code

33406

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

Oct 4, 2003

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
P	Anastasi II, Salvatore	300 SW 12th Avenue, Suite 10	Pompano Beach, FL 33069
D	Sells, Robert	455 Fairway Drive, #200	Deerfield Beach, FL 33441
D	McLaughlin, Patrick	1601 Belvedere Road, Suite 200E	West Palm Beach, FL 33406
D	Dehayes, Sharon	1501 Belvedere Road	West Palm Beach, FL 33406
D	Ryan, Bill	P.O. Box 110009	Naples, FL 34108
D	Bradley, Todd	5012 W. Cypress Street	Tampa, FL 33607

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

Oct 4, 2003 561-239-2462

Date

Daytime Phone #

CR2E081 (10/02)