

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 OCT 13 AM 9:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 339127
 1. Corporation Name

MASONRY ASSOCIATES INC.

Principal Place of Business Mailing Address
 1501 O'BERRY HOOVER Rd.
 ORLANDO, FL.
 32825

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-122-9636	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	CHARLES W. VICKERS	1501 O'BERRY HOOVER Rd. ORLANDO, FL. 32825	
VICE PRES.	BRIAN VICKERS	1415 O'BERRY HOOVER Rd. ORLANDO, FL. 32825	
SEC.	SID SCOTT	24 N. BUMBY AVE ORLANDO, FL 32803	
			200002323532--6
			-10/17/97--01112--007
			****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		SID SCOTT	
Street Address (P.O. Box Number is Not Acceptable)		24 N. BUMBY AVE.	
Suite, Apt. #, Etc.			
City	State	Zip Code	
ORLANDO,	FL	32803	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Sid Scott
 REGISTERED AGENT MUST SIGN

Date 10-2-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20040 (12/96)

843-1686

843-4824 ⁽²⁾

MASONRY ASSOCIATES, INC.

**1950 MONTE CARLO TRAIL
ORLANDO, FL 32805**

BONDED LICENSED INSURED RADIO DISPATCHED TRUCKS

TO WHOM IT MAY CONCERN,

MY FATHER CHARLES W. VICKERS,
PRESIDENT OF MASONRY ASSOCIATES,
HAD A BRAIN TUMOR. HE HAD TO BE
TREATED BY DR. LU, IT AFFECTED HIM
BY SHORT TERM & LONG TERM MEMORY
LOSS. HIS ATTORNEY WILLIAM TRICKLE
DIED UNEXPECTEDLY OF A HEARTATTACK.
AFTER CHARLES HEALTH PROBLEMS, HE
HAD TO HAVE TREATMENT AND IS
STILL UNDER TREATMENT. HE HAD TO
CLOSE THE BUSINESS DO TO HEALTH
REASONS. HE NEEDS TO REINSTATE THE
CORPORATION, BECAUSE HE HAS SOLD
THE BUSINESS.

DR. LU 894-2362

DR. HOUSE 629-4667

DR. CONSTANT 894-3241