

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 655158

1. Corporation Name

JOSEPH LUTZ BRICKLAYER, INC.

2. Principal Office Address

2801 21 PLACE

Suite, Apt. #, etc.

HOUSE

City & State

VERO BEACH, FL.

Zip

32960

Country

INDIAN RIVER

3. Mailing Office Address

2801 21 PLACE

Suite, Apt. #, etc.

HOUSE

City & State

VERO BEACH, FL.

Zip

32960

Country

INDIAN RIVER

000011788620

02/04/03--01075--026 **750.00

1999-2003 VBR

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 7, 1980

5. FEI Number

592091688

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH LUTZ

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

2801 21 PLACE

Suite, Apt. #, Etc.

HOUSE

City

VERO BEACH

State
FL

Zip Code

32960

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

Joseph Lutz

REGISTERED AGENT MUST SIGN

Date

Jan. 30, 2003

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.V.S.	JOSEPH LUTZ	2801 21 PLACE	VERO BCH., FL. 32960
T.D.	JOSEPH LUTZ	2801 21 PLACE	VERO BCH., FL. 32960

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:

Joseph Lutz

JOSEPH LUTZ

JAN. 30, 03

Date

Daytime Phone #

772-567-3044

CR2081 (10/02)