

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 98 MAR 20 AM 11:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **694657**

1. Corporation Name
ADVANCED MASONRY SYSTEMS, INC.

Principal Place of Business Mailing Address
1891 APEX ROAD Same
SARASOTA, FLORIDA 34240

REINSTATEMENT

96-98 AD

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 07/15/81	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2102344	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
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
P/D	E. Russell James	1891 Apex Road	Sarasota, FL 34240
S/T/D	Christine R. James	1891 Apex Road	Sarasota, FL 34240

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 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DANA J. WATTS 700 SARASOTA QUAY SARASOTA, FL 33578		Name SCOTT R. CHRISTIANSEN	
		Street Address (P.O. Box Number is Not Acceptable) 2975 BEE RIDGE ROAD	
		Suite, Apt. #, Etc. SUITE C	
		City SARASOTA	State Zip Code FL 34239

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 *[Signature]* Date **03/16/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* E. Russell James Date **03/18/98** Daytime Phone # **941-379-9401**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (1/98)