

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 1 of 2

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 833790

1. Corporation Name

JENKINS BRICK COMPANY

Principal Place of Business

2866 THARPE STREET  
TALLAHASSEE, FLORIDA  
32303

Mailing Address

P.O. Box 91  
MONTGOMERY, AL. 36101

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

FILED

98 OCT 19 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

FEBRUARY 7, 1975

5. FEI Number

63-0110960

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO	JOHN M. JENKINS IV	201 6th STREET NORTH MONTGOMERY, AL. 36104	
CFD	TOMMY G. ANDREADES	201 6th STREET NORTH	MONTGOMERY, AL. 36104
SR. V.P. DISTRIBUTION	LEON HAWK	201 6th STREET NORTH	MONTGOMERY, AL. 36104
SR. V.P. DISTRIBUTION SALES	NORRIS WATSON	201 6th STREET NORTH	MONTGOMERY, AL. 36104
V.P. DEVELOPMENT	JOHN ATKINS	201 6th STREET NORTH	MONTGOMERY, AL. 36104
V.P.	LARRY HARRIS	2866 THARPE STREET	TALLAHASSEE, FL. 32303

8. Name and Address of Current Registered Agent

LARRY HARRIS  
2866 THARPE STREET  
TALLAHASSEE, FL. 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002669373-5

10/21/98-01070-016

\*\*\*1050.00 \*\*\*1050.00

FL

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

REGISTERED AGENT MUST SIGN

Date 10-8-98

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:

TOMMY G. ANDREADES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy G. Andreades

10/1/98 (334) 834-2210

Date

Daytime Phone #

CR2E040 (12/95)

**Directors**

Charles E. Adair  
4121 Carmichael Road Suite 202  
Montgomery, AL 36106

Peter C. Forster  
7500 Old Georgetown  
Bethesda, MD 20814

W. Wyatt Shorter  
48 Lakeshore Drive  
Camden, AL 36726-9159