

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003891

1. Corporation Name

B & M MASONRY, INC.

2. Principal Office Address

104 GANN ROAD

Suite, Apt. #, etc.

City & State

MARIETTA, GA

Zip
30008

Country
USA

3. Mailing Office Address

104 GANN ROAD

Suite, Apt. #, etc.

City & State

MARIETTA, GA

Zip
30008

Country
USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

July 24, 2001

5. FEEL Number

58-1679997

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

William L. Dunker ESQ.

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

Courthouse Plaza, 625 E. Twiggs St, Suite 100

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

William L. Dunker
REGISTERED AGENT MUST SIGN

Date 3-22-06

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
Pres.	Harry M Turner	1307 Shiloh Trail E	Kennesaw, GA 30144
VP	Charles B Turner	3245 15th St. N.	Hickory, NC 28601
		8/3/30	
			300069440343 04/04/06--01053--008 **1200.00

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 contained in Chapter 119, 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:

Harry M. Turner, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

770-421-1600

Daytime Phone #