

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 24 AM 8:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F84385**

1. Corporation Name

Bliss MASONRY, Inc.

2. Principal Office Address

510 Woodcrest Dr Po Box 6640

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT Pierce FL

City & State

VERO BEACH FL

Zip

34945

Country

ST Lucie

Zip

32961

Country

INDIAN RIVER

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

6-8-1982

5. FEI Number

59-2225098

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

Bonnie Douglas Bliss

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

510 WOODCREST DRIVE

Suite, Apt. #, Etc.

City

FORT PIERCE,

State

FL

Zip Code

34945

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

Bonnie Douglas Bliss

Date **11-21-03**

REGISTERED AGENT MUST SIGN

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	Ronnie Bliss	510 Woodcrest Dr	FT Pierce FL 34945
V	30 Ann Bliss	510 Woodcrest Dr	FT Pierce FL 34945

500024974985
11/24/03 01046 025 **2400.00

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 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:

Bonnie Bliss Bonnie Bliss

11-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)