

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -4 PM 3:56

DOCUMENT # H74762

1. Corporation Name *Nichols Masonry Inc.*

Principal Place of Business Mailing Address
*720 Ponce De Leon Blvd.
Brooksville, FL 34601*

REINSTATEMENT *96-99*

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 <i>1985</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59 2607317</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>Pres.</i>	<i>Mary R. Nichols</i>	<i>1014 Whiteway Dr.</i>	<i>Brooksville, FL 34601</i>
<i>Secy.</i>	<i>Cheryl Nichols</i>	<i>1014 Whiteway Dr.</i>	<i>Brooksville, FL 34601</i>
			<i>100003007351--3</i>
			<i>-10/06/99--01060--007</i>
			<i>***1200.00 ***1200.00</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>Cheryl Nichols</i>		Name	
<i>720 Ponce De Leon Blvd.</i>		Street Address (P.O. Box Number is Not Acceptable)	
<i>Brooksville, FL 34601</i>		Suite, Apt. #, Etc.	
		City	
		State <i>FL</i> Zip Code	

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 *Cheryl Nichols* Date *9-28-99*
REGISTERED AGENT MUST SIGN

11. This corporation owes 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 taxes 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Cheryl Nichols* Date *9-28-99* Daytime Phone # *352.544.0778*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-2001 (12/96)