

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 17 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *J42110*

1. Corporation Name

T & S MASONRY, INC.
540A 20 MILE ROAD
PONTE VEDRA BEACH, FL 32082

W98-5250

Principal Place of Business

Mailing Address

T & S MASONRY, INC.
540A 20 MILE ROAD
PONTE VEDRA BEACH, FL 32082

REINSTATEMENT

88-98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/1/88	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2761519	
Country		Country		Applied For	
				<input checked="" type="checkbox"/> 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)

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
PRES.	STANTON MILLS	540A 20 MILE ROAD	PONTE VEDRA BEACH, FL 32082
VP/TR	TAMMY MILLS	540A 20 MILE ROAD	PONTE VEDRA BEACH, FL 32082
			300002461383--5
			-03/19/98--01003--004
			***1930.00 ***1930.00

8. Name and Address of Current Registered Agent

TAMMY MILLS
540A 20 MILE ROAD
PONTE VEDRA BEACH, FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Tammy Mills

REGISTERED AGENT MUST SIGN

Date *3/6/98*

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:

Tammy Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMMY MILLS

3/6/98

Date

285-4964

Daytime Phone #

CR2E040 (12/96)