

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 11 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 42110

1. Corporation Name

T + S Masonry Consulting, Inc.

2. Principal Office Address

540-A 20 Mile Road

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

3. Mailing Office Address

PMB 364

Suite, Apt. #, etc.

AIA North, Ste 13

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-86

5. FEI Number

59-2761519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

500020779855
06/11/03--01056--002 **900.00

7. Name and Address of Current Registered Agent

Name

Marvin H. Chepenik

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

427 N. Third St.

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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

Marvin H. Chepenik

Date

6/5/03

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-VP S-T	Stanton Mills	540-A 20 Mile Road	Ponte Vedra Beach, FL 32082

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:

Stanton Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/03

Date

Daytime Phone #

CR2E081 (10/02)

gr 6/11