

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K70055

1. Corporation Name

M. T. MASONRY, INC.

Principal Place of Business

Mailing Address

3400 RUSTIC ROAD
NOKOMIS FL 34275

3400 RUSTIC ROAD
NOKOMIS FL 34275

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 863

3440 Rustic Rd

Nokomis Florida

34275

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1989

5. FEI Number

65-0128865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	REVEGLIA, MARC T	3440 RUSTIC RD.	NOKOMIS FL
V	REVEGLIA, COLEEN	3440 RUSTIC RD.	NOKOMIS FL

800023749188
10/13/03--01058--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REVEGLIA, MARC T.
3440 RUSTIC RD
NOKOMIS FL 34275

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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:

Marc T. Reveglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/02 941-488-4181

FILED

03 OCT 13 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

M. T. Masonry, Inc

3440 Rustic Road

Post Office Box 863

Nokomis, Florida - 34275

Office 941/488-4181

Fax 941/488-0152

E Mail mtmasonryinc1@juno.com

To: Division of Corporations

Annual Report/Reinstatement Section

Post Office Box 6327

Tallahassee Florida 32314-6327

Re: Document # K70055

October 9, 2003

To Whom It May Concern:

We just received this notice, we would like to stress to you that we never received any prior notices.

On the Document #K70055 the principal address you have 3400 Rustic Road, this is in error, and our address is 3440 Rustic Road, Nokomis Florida - 34275.

Please note that any and all documents, letter's, etc. are to be mailed to the following address: 3440 Rustic Road, Nokomis Florida - 34275.

If we can be of any help or if you should have any questions please don't hesitate to call me (Coleen) at the office number listed above or you may call me on my cell 941/650-0381.

Sincerely,
Coleen Reveglia V.P.
Coleen Reveglia V.P.