

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 26 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000143304

1. Corporation Name

Southern Masonry Work, LLC

2. Principal Office Address - No P.O. Box #

P.O. Box 421

Suite, Apt. #, etc

ALHA FLA

City & State

Zip

32421

Country

3. Mailing Office Address

137 Rutherford Rd.

Suite, Apt. #, etc

City & State

POA St. Joe FL

Zip

32329

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Darrell E Suggs

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

137 E Rutherford Rd.

Suite, Apt. #, etc

POA St. Joe

City

State

FL

Zip Code

32329

800271110308
03/26/15--01021--006 **\$16.25

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

D.

Darrell E. Suggs

REGISTERED AGENT MUST SIGN

Date

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
<u>mgm</u>	<u>Darrell E Suggs</u>	<u>PO BOX 421</u>	<u>Altha, FL 32421</u>
<u>mgm</u>	<u>Kenny E. Suggs</u>	<u>PO BOX 421</u>	<u>" "</u>
	<u>MAR 26 2015</u>	<u>REINSTATEMENT</u>	<u>2013-2015</u>
	<u>L. SELLERS</u>		

10. E-mail Address:

N/A

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Darrell E. Suggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #