

2009 Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89170

1. Corporation Name

Brick mason Industries, Inc.

100142298421
01/28/09--01029--001 **150.00

CR2E081 (12/08)

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

500 W. Sawyer St.

Suite, Apt. #, etc.

3. Mailing Office Address

3784 Wentworth Way

Suite, Apt. #, etc.

City & State

St. George Island, Fl.

City & State

Tallahassee, Fl.

Zip

32328

Country

USA

Zip

32311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-20-1990

5. FEI Number

593017539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Josephine C. Krehl

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

500 W. Sawyer St.

Suite, Apt. #, Etc.

City

St. George Island

State

FL

Zip Code

32328

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Josephine C. Krehl
REGISTERED AGENT MUST SIGN

Date

1-23-2009

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
DP	Josephine C. Krehl	500 W. Sawyer St.	St. George Island Tallahassee, Fl. 32328
DV	Michael J. Krehl	500 W. Sawyer St.	st. George Island, Fl. 32328

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 contained in Chapter 119, 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:

Josephine C. Krehl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-09

Date

850-222-3424
Daytime Phone #