

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 18 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002742

1. Corporation Name

ARCHITECTURAL PRECAST AND STONE, INC.

2. Principal Office Address

4130 HANGING MOSS COURT

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257-7658

Country

3. Mailing Office Address

4130 HANGING MOSS COURT

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 01, 2000

5. FEI Number

59-3616332

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

RICHARD L. BEAN, JR.

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

4130 HANGING MOSS CT.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32257

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

Date 14 April 2002

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
D	RICHARD L. BEAN, JR.	4130 HANGING MOSS CT.	JACKSONVILLE, FL 32257

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 APRIL 2002 (904) 403-5714

Date

Daytime Phone #

CR2E081 (9/01)