

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P00000013097

1. Corporation Name

WAGNER MASONRY, INC.

Principal Place of Business

1241 NW 48TH PLACE
POMPANO BEACH FL 33064

Mailing Address

1241 NW 48TH PLACE
POMPANO BEACH FL 33064

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

4. Date incorporated or Qualified
To Do Business in Florida

02/07/2000

5. FEI Number

650978843

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES. V.P.	GREGORY T. WAGNER	SAME AS ABOVE	SAME AS ABOVE
SEC.		1241 NW 48TH PL	
TREASURER		Pompano Beach, FL	33064

8. Name and Address of Current Registered Agent

WAGNER, GREGORY T
1241 NW 48TH PLACE
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Gregory T. Wagner
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

600004716636--2

-12/10/01-01084--011

Date ***11/30/01***150.00

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:

Gregory T. Wagner
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-9-01

202

11-9-01

TO WHOM IT MAY CONCERN,

I DID NOT RECIEVE MY APPLICATION FOR DIVISION
OF CORPORATIONS. I'VE ENCLOSED MY PAYMENT OF
\$150.⁰⁰ THANK YOU.

SINCERELY,

Gregory S Wagner