

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 AM 9:50

DOCUMENT # P00000016659

1. Corporation Name

A & G MASONRY, INC.

Principal Place of Business

304 NW 2ND STREET
POMPANO BEACH FL 33060

Mailing Address

304 NW 2ND STREET
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2000

5. FEI Number 65-0983483

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BRYANT, ALVIN	304 NW 2ND STREET	POMPANO BEACH FL 33060

400004705584--9
-12/05/01--01028--005
***150.00 ***150.00

8. Name and Address of Current Registered Agent

BRYANT, ALVIN
304 NW 2ND STREET
POMPANO BEACH FL 33060

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

Alvin Bryant

Date 10-12-2001

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:

Alvin Bryant
Alvin Bryant

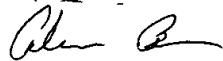
10-12-2001 954-781-9582

Date Daytime Phone #

20F2
October 12, 2001

Department of State,

I have received a letter concerning revocation of A & G Masonary Inc. I have not received any letters prior to this revocation notice. I would greatly appreciate it if you would rescind any additional charges that would or has been placed on my account. I have enclosed a check for \$150.00.



Mr. Alvin Bryant Sr.