

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:56

DOCUMENT # P00000024218

1. Corporation Name

R & N MASONRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4761 AMORY COURT
ORLANDO FL 32811

Mailing Address

4761 AMORY COURT
ORLANDO FL 32811

400024091554
10/24/03--01060--012 **200.00



400024091554
10/24/03--01060--011 **200.00

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

03/09/2000

5. FEI Number

59-3631320

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
PSD	CRIGHTON, NEIL	4761 AMORY COURT	ORLANDO FL 32811
VTD	THOMAS, ARNOLD	4761 AMORY COURT	ORLANDO FL 32811

400024091554
10/24/03--01060--013 **200.00

400024091554
10/24/03--01060--014 **150.00

REINSTATEMENT 2003

8. Name and Address of Current Registered Agent

BAILEY, TREVOR
4940 OLD WINTER GARDEN RD
B
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name Arnold - R - Thomas
Street Address (P.O. Box Number is Not Acceptable)
4761 Amory Court
Suite, Apt. #, Etc.

City Orlando

State FL

Zip Code 32811

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. or 617.0505, F.S.

Signature of
Registered Agent

ARNOLD - R - THOMAS
REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

ARNOLD - R - THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/03 (407) 521-8542

CR2E040 (7/03)