

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 24 PM 3:46

DOCUMENT # P00000026723

1. Corporation Name

ELIGHA PRYOR MASONRY AND SONS, INC.

Principal Place of Business

Mailing Address

4505 33RD AVENUE  
VERO BEACH FL 32967

4505 33RD AVENUE  
VERO BEACH FL 32967

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.  
Pine Plaza

Suite, Apt. #, etc.  
4690 38th Ct

City & State  
Vero Beach FL

City & State  
Vero Beach FL

Zip  
32967

Country  
US

Zip  
32967

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/2000

Sp

5. FEI Number

65-0994859

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
D	PRYOR, ELIGHA SR.	4690 38TH COURT	VERO BEACH FL 32967
D	PRYOR, ELIGHA JR.	4690 38TH COURT	VERO BEACH FL 32967

700004679517--8  
-11/14/01--01092--020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTER, JAMES H  
1516 30TH AVENUE  
VERO BEACH FL 32960

Name  
DAVID P. NOVAK - CHARTERED  
Street Address (P.O. Box Number is Not Acceptable)  
849 20th Street  
Suite, Apt. #, Etc.  
City  
Vero Beach  
State  
FL  
Zip Code  
32960

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

David P. Novak

Date

10/23/01

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:

ELIGHA PRYOR, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01  
561-778-  
5100  
Date  
Daytime Phone #