

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  
DIVISION OF CORPORATIONS

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DOCUMENT # P00000060463

1. Corporation Name

KELLEY-MASON, INC.

Principal Place of Business

Mailing Address

~~1334 CHARTER COURT E.~~  
~~MIAMI FL 33186~~

~~1334 CHARTER COURT E.~~  
~~MIAMI FL 33186~~



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/2000

Suite, Apt. #, etc.  
1334 CHARTER COURT E.  
City & State  
JACKSONVILLE, FL  
Zip  
32225  
Country  
DuVal

Suite, Apt. #, etc.  
1334 CHARTER COURT E.  
City & State  
JACKSONVILLE, FL  
Zip  
32225  
Country  
DuVal

5. FEI Number

65-1018073

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BOLTON, JOSEPH M	13306 SOUTHWEST 114TH LANE	MIAMI FL 33186
STD	BOLTON, JANE S	13306 SOUTHWEST 114TH LANE	MIAMI FL 33186
V	BOLTON, CHRISTOPHER J	13306 SOUTHWEST 114TH LANE	MIAMI FL 33186
V	BOLTON, GEOFFREY M J	13306 SOUTHWEST 114TH LANE	MIAMI FL 33186

400004694884-6  
-11/27/01-07040-013  
\*\*\*\*158.00\*\*\*\*158.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
JANE S. BOLTON, Secretary  
Street Address (P.O. Box Number is Not Acceptable)  
1334 Charter Court East  
Suite, Apt. #, Etc.  
City  
Jacksonville  
State  
FL  
Zip Code  
32225

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/30/01

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joseph M. Bolton

Date 10/29/01

Daytime Phone # 904/220-7934

CR2E040 (8/01)

**Kelley-Mason, Inc.**

1334 Charter Court East  
Jacksonville, FL 32225

Phone: 904-220-7934  
Fax: 904-220-7976

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October 29, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Subject: Application for Reinstatement

Dear Sirs:

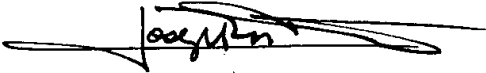
Please be advised that we just received the attached notice in the mail today! We have never received any previous notice regarding the filing of a Uniform Business Report, therefore in accordance with your instructions we have completed the attached Application for Reinstatement and are submitting it along with our check in the amount of \$150.00 to cover the normal filing fees.

Please note the corrections to our mailing address and Registered Agent.

If you have any questions, please contact me.

Sincerely,

Kelley-Mason, Inc.



Joseph M. Bolton  
President