

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary

DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072356

1. Corporation Name

FOSTER MASONRY, INC.

Principal Place of Business

1411 PINE ST.
NICEVILLE FL 32578

Mailing Address

1411 PINE ST.
NICEVILLE FL 32578

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

07/26/2000

5. FEI Number

50-2670030

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 4
D	FOSTER, DONALD D	1411 PINE ST.	NICEVILLE FL 32578
D	FOSTER, SHARON B <i>Delete</i>	1411 PINE ST.	NICEVILLE FL 32578
V	HORMUTH, ADRIAN	83 EDGEWATER DRIVE	FREEPORT FL 32439
V	MOORE, MARION A <i>Delete</i>	245 EDGE AVE	VALPARAISO FL 32580

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11/20/02--01013--011/State/300.00 600.00

REINSTATEMENT 02

8. Name and Address of Current Registered Agent

PETERSON, JOHN
912 SOUTH PALM BLVD., STE. E
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name Donald Foster
Street Address (P.O. Box Number is Not Acceptable) 1815 Valparaiso Blvd
Suite, Apt. #, Etc. 1411 Pine Street
City Niceville State FL Zip Code 32578

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-23-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Donald D. Foster 10-23-02 850 585 2345