

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

01 OCT 19 PM 1:54

DOCUMENT # P00000074070

1. Corporation Name

SHAWN GODSEY MASONRY, INC.

Principal Place of Business

10327 JOLYNN CR.  
JACKSONVILLE FL 32225

Mailing Address

10327 JOLYNN CR.  
JACKSONVILLE FL 32225



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

10327 Jolynn Ct W

Suite, Apt. #, etc.

Jax. Fla.

City & State

Zip 32225

Country USA.

3. New Mailing Office Address, If Applicable

10327 Jolynn Ct W

Suite, Apt. #, etc.

Jax. Fla.

City & State

Zip 32225

Country USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2000

5. FEI Number

59 3660855

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
D	GODSEY, SHAWN C	10327 JOLYNN CR. Ct. W.	JACKSONVILLE FL 32225

5000004661785--3  
-11/01/01--01008--007  
\*\*\*\*750.00 \*\*\*\*750.00

10/15/01

8. Name and Address of Current Registered Agent

GODSEY, SHAWN C  
10327 JOLYNN CR. Ct. W.  
JACKSONVILLE FL 32225

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

Shawn C Godsey  
REGISTERED AGENT MUST SIGN

Date

10/15/01

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)(l), 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:

Shawn C Godsey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 9049936599

CR2E040 (8/01)