

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 30 AM 9:23

DOCUMENT # P00000106653

1. Corporation Name

Parson Masonry, Inc.

2. Principal Office Address

3562 Marion St

Suite, Apt. #, etc.

City & State

Ft. Myers, Fla

Zip

33916

Country

US

3. Mailing Office Address

3562 Marion St

Suite, Apt. #, etc.

City & State

Ft Myers, Fla.

Zip

33916

Country

US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2000

5. FEI Number

657052265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gloria Parson

Street Address (P.O. Box Number is Not Acceptable)

3562 Marion St

Suite, Apt. #, Etc.

City

Ft. Myers, Fla 33916

State

FL

Zip Code

33916

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gloria Parson

REGISTERED AGENT MUST SIGN

Date

1/8/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr	Say Parson P/S	3562 Marion St FMT1	Ft Myers Fla 33916
Mrs	Gloria Parson V/T	3562 Marion St	Ft Myers, Fla 33916

10. 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:

Gloria Parson Gloria Parson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

941-3370052

Daytime Phone #

CR2E01 (9/01)