

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108749

1. Corporation Name

C.R. ALLEN MASONRY, INC.

2. Principal Office Address

10854 WILES ROAD

3. Mailing Office Address

10854 WILES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33076

Country

Zip

33076

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-00

5. FEI Number

65-1057205

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

CHARLES R. ALLEN

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

10854 WILES ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

Charles R. Allen

Date

12/10/2002

REGISTERED AGENT MUST SIGN

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
<u>P/O</u>	<u>ALLEN, CHARLES R.</u>	<u>3829 Tree Top Drive</u>	<u>Weston, FL 33332</u>
<u>V/O</u>	<u>THOMAS SCRACE</u>	<u>2249 N.E 24th St.</u>	<u>Lighthouse Point, FL 33064</u>
<u>ST/O</u>	<u>EUGENE STEVENS</u>	<u>264 N. Country Club Dr.</u>	<u>Atlantis, FL 33462</u>

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:

Charles R. Allen CHARLES R. ALLEN

12/10/2002

954-575-8164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)