

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -5 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008783257

11/04/02--01063--023 **750.00

DOCUMENT # P01000014200

1. Corporation Name

IGP MASONRY, INC.

Principal Place of Business

200 SW 117TH TERRACE #107
PEMBROKE PINES FL 33025

Mailing Address

200 SW 117TH TERRACE #107
PEMBROKE PINES FL 33025

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

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number 0716930775 67

65-1078232

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
President	Jesus Prieto	200 S.W. 117th Terr. Apt 107	Pembroke Pines FL 33025

8. Name and Address of Current Registered Agent

PRIETO, JESUS
200 SW 117TH TERRACE #107
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name Jesus Prieto
Street Address (P.O. Box Number is Not Acceptable)
200 S.W. 117th Terr
Suite, Apt. #, Etc.
Apt 107
City Pembroke Pines
State FL Zip Code 33025

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-27-2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-2002

954-389-9795

CR2E040 (8/02)