

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV 17 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000043333

**1. Corporation Name** Roy Johnson Masonary, Inc.

000024761900  
11/17/03--01093--020 \*\*150.00

**2. Principal Office Address**

221 S. Huckleberry Lk.Dr.

**3. Mailing Office Address**

P.O. Box 7821

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT** *03*

**City & State**

Sebring, FL 33875

**City & State**

Sebring, FL 33872

**Zip**

33875

**Country**

Highlands

**Zip**

33872

**Country**

Highlands

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/27/01

**5. FEI Number**  
65-1099275

**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**

Clifford R. Rhoades

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

227 North Ridgewood Drive

**Suite, Apt. #, Etc.**

**City**

Sebring

**State**

FL

**Zip Code**

33870

**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**

REGISTERED AGENT MUST SIGN

**Date** 11-12-03

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres.	Roy L. Johnson	221 S. Huckleberry Lk.Dr.	Sebring, FL 33875
VP	Roy L. Johnson	221 S. Huckleberry Lk. Dr.	Sebring, FL 33875
Sect.	Roy L. Johnson	221 S. Huckleberry Lk. Dr.	Sebring, FL 33875
Treas.	Roy L. Johnson	221 S. Huckleberry Lk. Dr.	Sebring, FL 33875

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

11/12/03

**Daytime Phone #**

CR2E081 (10/02)

November 12, 2003

Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Roy Johnson Masonry, Inc.  
Document #: P01000043333  
FEI#: 65-1099275

To Who It May Concern:


With regards to my telephone conversation with your office of today, November 12, 2003, enclosed please find a completed Corporation Reinstatement form as instructed.

Due to the moving of our local post office, (please note: new address) my annual report renewal never reached me, and my corporate status was filed as inactive on Sept. 19, 2003.

I have enclosed a check in the amount of \$150.00 as requested.

If further information is required, please contact me.

Sincerely,



Roy Johnson  
President

Roy Johnson Masonry, Inc.  
P.O. Box 7821  
Sebring, FL 33872  
863-414-5072