

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 30 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P 01000044781*

**1. Corporation Name**

*Dessie Oglesby Masonry Contracting Inc*

**REINSTATEMENT** *03*

**2. Principal Office Address**

*3455 SW 52nd Ave*

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

*Pembroke Park FL*

City & State

Zip

*33023*

Country

*USA*

Zip

Country

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

*5-1-2001*

**5. FEI Number**

*05-1100293*

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

*Dessie Oglesby*

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

*3455 SW 52nd Ave*

Suite, Apt. #, Etc.

City

*Pembroke Park*

State

*FL*

Zip Code

*33023*

**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

*Dessie Oglesby*  
REGISTERED AGENT MUST SIGN

Date

**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
<i>P</i>	<i>Dessie Oglesby</i>	<i>3455 SW 52nd Ave</i>	<i>Pembroke Park FL 33023</i>

**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 of 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:

*Dessie Oglesby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*2114*

# SIRTAX

*Accounting, Consulting, IRS Representation, & Strategic Tax Planning.*

801 South Federal Highway ♦ Hollywood, FL 33020 ♦ Telephone (954) 922-1903 ♦ Facsimile (954) 926-6770

*R. Kevin Cross, MST, E.A.,*

*† - Enrolled Agent, Accountant,*

*Tax Specialist, & Financial*

*Counselor & Advisor*

*† - R. Kevin Cross, MST, E.A.*

*& Steven R. Danielson, MA, E.A. -*

*are enrolled to represent taxpayers*

*before the Internal Revenue Service.*

*Steven R. Danielson, MA, E.A.,*

*† - Enrolled Agent, Accountant,*

*Certified QuickBooks Pro Advisor,*

*& Member NASD & SIPC*

September 26, 2003

Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32399

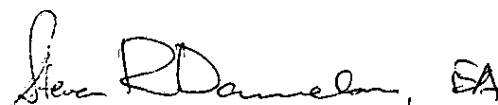
Re: Dessie Oglesby Masonry Contracting, Inc.  
P01000044781

To Whom It May Concern:

Mr. Oglesby recently attempted to renew the insurance for his company. At that time, he learned that his corporation had been administratively dissolved to failing to pay his renewal fee of \$150.00 by May 1, 2003.

Mr. Oglesby never received the notice of renewal earlier in the year. During this year, he re-located his business to its present location and apparently never received any of the renewal notices which ~~had been mailed to his former address.~~ Please abate the late penalty filing and accept his payment of \$150.00 as full payment. We appreciate your cooperation and understanding towards this matter.

Cordially yours,



Steven R. Danielson, EA  
Enrolled Agent

SRD/dah