

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000097060**

1. Corporation Name

**ADVANCED MASONRY, INC.**

Principal Place of Business

5655 SAUFLEY FIELD ROAD  
PENSACOLA FL 32526

Mailing Address

5655 SAUFLEY FIELD ROAD  
PENSACOLA FL 32526

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/2001

5. FEI Number

59-3747192

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PARROTT, VICTOR	5655 SAUFLEY FIELD RD.	PENSACOLA FL 32526
<del>D</del>	<del>GORNALL, JOHN</del> Not Active	<del>5500 SUNKIST CIRCLE</del>	<del>PAGE FL 32571</del>
<del>D</del>	<del>SIMMS, CHARLES</del> Not Active	<del>528 BENNING DRIVE</del>	<del>DESTIN FL 32541</del>

8. Name and Address of Current Registered Agent

PARROTT, VICTOR  
5655 SAUFLEY FIELD RD.  
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12-5-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-03

Daytime Phone #

(850) 458-8589

FILED

04 MAR 26 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



WOP

800026637328

03/26/04--01079--027 \*\*150.00

CR2E040 (7/03)

282

***Advanced Masonry, Inc.***

*5655 Saufley Field Rd.*

*Pensacola, FL 32526*

*Off. (850)458-8589*

*Fax (850)454-0238*

January 28, 2004

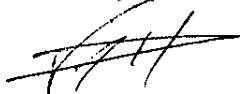
---

To whom it may concern:

I am sorry for the miss communication in my first letter. I obviously did not make it clear that for a while I was not getting my mail. The attached reinstatement form was the first notification that I received about the dissolution of my Corporation. Once again I apologize for not making this clearer in my first letter, please accept the payment of \$150.00, already received, and reinstate my Corporation. If there are any further questions feel free to contact me at my office.

---

Sincerely,



Victor Parrott

---