

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/17

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100427

1. Corporation Name

RICHARD ROSS STONE MASONRY, INC.

Principal Place of Business

Mailing Address

116 LINE DR.
APOPKA FL 32703

116 LINE DR.
APOPKA FL 32703



400024053694
10/23/03--01075--003 **150.00

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2360372

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	ROSS, RICHARD W	116 LINE DR.	APOPKA FL 32703

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, RICHARD W
116 LINE DR.
APOPKA FL 32703

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

SIGNATURE: *Richard W. Ross*
REGISTERED AGENT MUST SIGN

Date 10-17-03

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:

Richard W. Ross Richard W. Ross - Pres 10-17 407-886-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2EC40 (7/03)

2012

October 16, 2003

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement Application
Richard Ross Stone Masonry, Inc. P0100100427

Dear Sir:

Please find enclosed my Application for Reinstatement and my check for \$150.00. I did not receive any prior notification concerning the filing of the Uniform Business Report and the payment of a fee.

Please accept my Application for Reinstatement along with my payment of \$150.00 and my assurance that I will not be delinquent again.

The comments made in this letter are true and accurate and are made subject to the penalty of perjury.

Sincerely,



Richard Ross
President