

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 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112305

1. Corporation Name

FLORIDA QUALITY MASONRY, INC.

Principal Place of Business

1127 FLAGSTONE DRIVE
DAYTONA BEACH FL 32118

Mailing Address

1127 FLAGSTONE DRIVE
DAYTONA BEACH FL 32118

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

11/27/2001

5. FEI Number

59-3757957

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
PT	FLEISCHAUER, TERRY L	1127 FLAGSTONE DRIVE	DAYTONA BEACH FL 32118
SV	FLEISCHAUER, DENNIS P	1127 FLAGSTONE DRIVE	DAYTONA BEACH FL 32118

600008809676
11/05/02--01085--007 **150.00

8. Name and Address of Current Registered Agent

FLEISCHAUER, DENNIS P
1127 FLAGSTONE DRIVE
DAYTONA BEACH FL 32118

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 10/29/02

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

DENNIS P. FLEISCHAUER V.P.

10/29/02 (386) 248-2800
Date Daytime Phone #

CR2040 (802)

John L Myers, PA

John L. Myers, PA, CPA
115 South Palmetto Ave.
Daytona Beach, FL 32114

Phone: (386) 252-0089
Fax: (386) 253-4204

Thursday, October 24, 2002

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Florida Quality Masonry, Inc.
Document #P01000112305

Regarding your notice of dissolution, the above-referenced taxpayer did not receive an annual corporate report form for 2002.

Being a new corporation, taxpayer was unaware of such requirement and therefore did not inquire about why he had not received one. Due to their incorporating on 11/27/01, we believe it is possible that this corporation was overlooked when it came time to mail out the annual corporate report forms for 2002.

Enclosed is a check in the amount of \$150.00 for filing fees. However, due to the above circumstances, we ask that the State please waive the reinstatement fee, as this would also cause an undue hardship for a new business still struggling to make a go of it.

Your consideration to this matter would be greatly appreciated.

Sincerely,



John L. Myers

JLM/sh

Enclosures