

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 16 PM 2:24

DOCUMENT # P01000116146

1. Corporation Name

FRAY BARTOLOME MASONRY, INC.

2. Principal Office Address

10330 NW 36 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

10330 NW 36 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

Zip

33147

Country

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

12/06/2003

5. FEI Number

90-0003440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500020256125

05/29/03--01068--025 **300.00

02-03 UBR

7. Name and Address of Current Registered Agent

Name

JOSE DANIEL CHAVARRIA

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

10330 NW 36 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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 4/24/2003

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
P	JOSE DANIEL CHAVARRIA	10330 NW 36 PLACE	MIAMI, FL 33147

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE DANIEL CHAVARRIA, PRES. 4/28/03 786-436-2133

Date

Daytime Phone #

CR2E081 (10/02)

5/22/03