

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ^{101 OF STATE}
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL 13 AM 10:39

DOCUMENT # **P01000119920**

1. Corporation Name

AF Masonry, Inc.

2. Principal Office Address

3368 Royal Oak Dr.

Suite, Apt. #, etc.

City & State

Mulberry, FL

Zip

33860

Country

Hills.

3. Mailing Office Address

3368 Royal Oak Dr.

Suite, Apt. #, etc.

City & State

Mulberry, FL

Zip

33860

Country

Hills.

500039124615

07/14/04--01043--006 **1050.00

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

12-19-01

5. FEI Number

03-0378739

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

Arturo Fuentes

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

3368 Royal Oak Drive

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

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

Date

REGISTERED AGENT MUST SIGN

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
D	Arturo Fuentes	3368 Royal Oak Dr.	Mulberry, FL 33860

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:

Arturo Fuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-04 813-967-6039

Date

Daytime Phone #

CR2E081 (01/04)