

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

03 OCT 15 AM 10:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P02000011643**

1. Corporation Name

**KEYSTONE MASONRY & PUMP SERVICES, INC.**

Principal Place of Business

Mailing Address

6140 COUNTY ROAD 315-C  
 KEYSTONE HEIGHTS FL 32656

6140 COUNTY ROAD 315-C  
 KEYSTONE HEIGHTS FL 32656

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

02/01/2002

5. FEI Number

45-0464088

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
PD	DOWLING, LORRAINE E	8517 MAJESTIC OAKS DRIVE S	JACKSONVILLE FL 32277
VPD	BEVERLY, KAREN P	8517 MAJESTIC OAKS DRIVE S	JACKSONVILLE FL 32277

100023819281  
 10/15/03--01056--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEVERLY, KAREN P  
 6140 COUNTY ROAD 315-C  
 KEYSTONE HEIGHTS FL 32656

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

*Karen Beverly*  
 REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*Karen Beverly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

Daytime Phone #

352-473  
 6850

CR2E040 (7/03)

10-14-03.

KEYSTONE MASONRY & PUMP SERVICES INC.

TO Whom it may concern,

I have never received the  
UBR- notices - until now that it  
says my corp has been revoked effective  
9-19-03.

Karen Seerly  
Vice Pres

6140 CR 315-C Keystone Heights, Florida 32656  
Telephone/Facsimile (352) 473-6850