

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR 16 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000012460

**1. Corporation Name**

BOSTON BRICK, CO.

200030324792  
03/12/04--01004--011 \*\*758.75

**REINSTATEMENT** 03-24

**2. Principal Office Address**

10 LUNA LANE

Suite, Apt. #, etc.

**3. Mailing Office Address**

10 LUNA LANE

Suite, Apt. #, etc.

**City & State**

KEY WEST FL

Zip 33040

Country

USA

**City & State**

KEY WEST FL

Zip 33040

Country

USA

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

01-30-2002

**5. FEI Number**

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

VICTORIA L. JONES

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

10 LUNA LANE

Suite, Apt. #, Etc.

City

KEY WEST

State  
FL

Zip Code

33040

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10 MARCH 2004

**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
<u>P/D</u>	<u>STEVEN J. BAIRD</u>	<u>10 LUNA LANE</u>	<u>KEY WEST FL 33040</u>
<u>VP&amp;D</u>	<u>VICTORIA L. JONES</u>	<u>10 LUNA LANE</u>	<u>KEY WEST FL 33040</u>

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA L. JONES

Date

10 MARCH 2004

Daytime Phone #

305-797-6578

CR2E081 (01/04)