

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 10 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025306

1. Corporation Name

JOE KOEHLER'S MASONRY, INC.

Principal Place of Business

3600 OAKTREE LN
PACE FL 32570

Mailing Address

3600 OAKTREE LN
PACE FL 32570



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

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

03/01/2002

5. FEI Number

75-3010399

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
D	KOEHLER, JOSEPH	P.O.BOX 415E LN	LOXLEY AL 36551
D	KOEHLER, JAMES P	P.O.BOX 415E LN	LOXLEY AL 36551
D	REYNOLDS, JASON A	4724 GURNSEY RD	PACE FL 32571

8. Name and Address of Current Registered Agent

KOEHLER, JOSEPH
3600 OAKTREE LN
PACE FL 32570

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

Joseph Koehler
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

Joseph Koehler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03 850 516-0985

Daytime Phone #

CR2E040 (7/03)

October 29, 2003

Joseph Koehler
3600 Oak Tree Lane
Pace, FL 32571

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Notice of Administrative Dissolution
Joseph Koehler Masonry, Inc.

To Whom It May Concern:

I received a Notice of Administrative Dissolution in the mail. I had previously sent in the appropriate report with the \$150.00 payment. I had not received any further information until now. I checked with my bank and the payment of \$150.00 has been cashed. I contacted your office where a customer service representative informed me that I should have received a notice asking to add my federal ID number to the form.

I did not actually receive this notice, therefore, I am requesting that you accept the corrected form now and waive any late fees.

Should you need any further information, please contact me at (850)516-0985.

Thank you,

Joseph Koehler

A handwritten signature in black ink that reads "Joseph Koehler". The signature is written in a cursive, flowing style.

THIS DOCUMENT IS THE PROPERTY OF THE FLORIDA DEPARTMENT OF REVENUE. IT IS TO BE USED ONLY FOR THE PURPOSES FOR WHICH IT WAS ISSUED. IT IS NOT TO BE REPRODUCED, COPIED, OR DISTRIBUTED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE FLORIDA DEPARTMENT OF REVENUE. IF YOU ARE NOT THE ADDRESSEE OF THIS DOCUMENT, YOU SHOULD NOT USE IT. IF YOU ARE THE ADDRESSEE, YOU SHOULD DESTROY IT AFTER YOU HAVE USED IT. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FLORIDA DEPARTMENT OF REVENUE AT (850) 412-1000.