

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 -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000032613**

1. Corporation Name

RJS MASONRY, INC.

Principal Place of Business

Mailing Address

1899 SE HANBY AVENUE
PORT ST LUCIE FL 34952

1899 SE HANBY AVENUE
PORT ST LUCIE FL 34952

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

~~74-30336-38~~

Not Applicable

Zip

Country

Zip

Country

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
P	Joanne Stewart	1899 SE Hanby Ave	Port St. Lucie FL 34952
V P	Russell Stewart	1899 SE Hanby Ave	Port St. Lucie FL 34952

200024376532

11/03/03--01036--018 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAHN, JEFFREY B ESQ
3300 UNIVERSITY DRIVE SUITE 711
CORAL SPRINGS FL 33065

Name

Joanne Stewart

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

1899 SE Hanby Ave

Suite, Apt. #, Etc.

City

Port ST Lucie

State

FL

Zip Code

34952

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10/24/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03

Date

Daytime Phone #

772-398-4840

CR2E040 (7/03)