

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO2-000047139  
McDowell Masonry, Inc

REINSTATEMENT 03-04

900028919699

02/17/04--01025--019 \*\*750.00

2. Principal Office Address

504 Fairmont Rd

Suite, Apt. #, etc.

City & State

Daytona Bch, FL

Zip

32119

Country

Volusia

3. Mailing Office Address

990 Scott St

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/02

5. FEI Number

42-1541216

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

Charles McDowell

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

504 Fairmont Rd

Suite, Apt. #, Etc.

City

Daytona Bch

State

FL

Zip Code

32119

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

Charles McDowell

REGISTERED AGENT MUST SIGN

Date

1/30/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| owner  | Charles McDowell                     | 504 Fairmont Rd                                   | Daytona FL 32119   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

Charles McDowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/04

Daytime Phone #

386 527-0077

CR2E081 (10/02)