

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

07 MAY 23 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071883

1. Corporation Name
Best Masonry of South Florida, Inc.

700103044787
05/23/07--01002--021 **150.00

2. Principal Office Address - No P.O. Box #
7926 Blackwood Ln
Suite, Apt. #, etc.

3. Mailing Office Address
7926 Blackwood Lane
Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth FL

Zip Country
33467 USA

Zip Country
33467 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 6/28/02

5. FEI Number 03-0470584
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 Francis Zofay
Street Address (P.O. Box Number is Not Acceptable)
7926 Blackwood Lane
Suite, Apt. #, Etc.
City Lake Worth State FL Zip Code 33467

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Fran Zofay Date 5-19-07
REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---------------------|
| P/D | Francis Zofay | 7926 Blackwood Ln | Lake Worth FL 33467 |
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05/23/07--01002--022 **150.00

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 contained in Chapter 119, 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: Fran Zofay Date 5-19-07 Daytime Phone # 561-966-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ZofZ

**Best Masonry of South Florida, Inc.
7926 Blackwood Lane
Lake Worth, FL 33467**

May 16, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

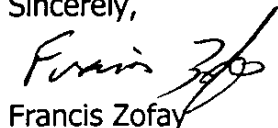
Re: Best Masonry of South Florida, Inc.
F.E.I.N. - 03-0470584

Dear Sir or Madam:

I am the President of Best Masonry of South Florida, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office as my mailing address changed several years ago. I have enclosed a reinstatement form to update my company along with two checks, each for \$ 150, representing renewal fees for 2006 and 2007.

Thank you in advance for your attention to this matter.

Sincerely,



Francis Zofay
President

Enclosure