

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000080538

1. Corporation Name

MARIO MASONRY INC.

Principal Place of Business

460 W OAKRIDGE ROAD #224  
ORLANDO, FL 3232809

Mailing Address

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

2. New Principal Office Address, If Applicable

460 W. OAKRIDGE ROAD

3. New Mailing Office Address, If Applicable

P.O. BOX 593320

Suite, Apt. #, etc.

SUITE 224

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32809

Country

USA

Zip

32859

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2002

5. FEI Number

52-2367884

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	SUAZO, MARIO	460 W. OAKRIDGE ROAD #224	ORLANDO, FLORIDA 32809

300024377693  
11/03/03--01048--011 \*\*158.75

8. Name and Address of Current Registered Agent

SUAZO, MARIO

460 W. OAKRIDGE ROAD #224  
ORLANDO, FL 32809

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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)(f), 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

Date

Jaytime Phone #

MARIO MASONRY INC.

P.O. BOX 593320  
ORLANDO, FL 32859

Tele/Fax: (321) 231-3225

Tuesday, October 29, 2003

Florida Department of State  
Div of Corporations, Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314

RE: Charter Number P02000080538  
FEI # 52-2367884

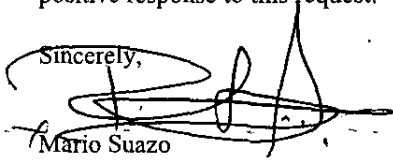
Dear Sirs,

Attached please find our Application for Reinstatement of the Charter in the above subject reference Corporation. Attached also are two checks, each for \$158.75 to defray the normal annual Charter Renewal Fee.

We are asking for a waiver on the additional penalty charges due as a result of not renewing within the prescribed time permitted by the Division of Corporations. We believe that the mail did not get to our home and consequently we did not renew. We understand that it is our responsibility to make sure that we take care of these issues as you require, but again, we were unaware of the rule and thought that all was well until recently we discovered that our corporation was administratively dissolved.

We will make sure that in the future this does not happen again. We thank you for your understanding and positive response to this request.

Sincerely,



Mario Suazo  
President.