

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 OCT 24 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000089329**

1. Corporation Name

ROWLAND MASONRY CONTRACTORS, INC.

Principal Place of Business

Mailing Address

~~1604 PEARCE ROAD~~
~~WINTER HAVEN FL 33881~~

~~1604 PEARCE ROAD~~
~~WINTER HAVEN FL 33881~~

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

2. New Principal Office Address, If Applicable

334 Commerce Ct
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

334 Commerce Ct
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2002

5. FEI Number

55-0790728

Applied For

Not Applicable

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

33880

Country

USA

Zip

33880

Country

USA

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	ROWLAND, GRANT	1604 PEARCE ROAD	WINTER HAVEN FL 33881

400024081734
10/24/03--01023--021 **150.00

8. Name and Address of Current Registered Agent

ROWLAND, GRANT
1604 PEARCE ROAD
WINTER HAVEN FL 33881

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-22-03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

863-299-8913

Daytime Phone #

CR2E040 (7/03)

ROWLAND MASONRY CONTRACTORS, INC.

334 Commerce Court
Winter Haven, Florida 33880-1280
863-297-9243
Fax: 863-291-3705

October 22, 2003

**Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314**

Re: Reinstatement of Corporation (Document # P02000089329)

Enclosed is the Application for Reinstatement along with a check in the amount of \$150.00. I have never received the original form to fill out. I was told that I should have received around January 2003 and report was due in May 2003. My error I did not realize that this was due or I would have contacted an agent to ask questions.

Let me know if this is acceptable. Please contact myself or my secretary (Barbie Johnson) at the above telephone number.

Thanks,



Grant Rowland