

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 22 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000103809**

1. Corporation Name

SOUTHCOAST MASONRY, INC.

Principal Place of Business

10 SMITH CREEK ROAD
SOPCHOPPY FL 32358

Mailing Address

10 SMITH CREEK ROAD
SOPCHOPPY FL 32358

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2002

5. FEI Number

56-2294783

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	HAVENS, JOHN ROBERT	10 SMITH CREEK ROAD	SOPCHOPPY FL 32358

500024014665
10/22/03--01055--011 **150.00

8. Name and Address of Current Registered Agent

MUNSON, LISA J
9 ISLAND DRIVE
EAST POINT FL 32328

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

Date

REGISTERED AGENT MUST SIGN

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:

SOUTHCOAST MASONRY, INC.

10-15-3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

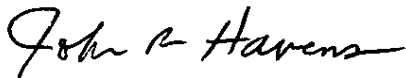
10/17/03

Florida Department of State
Division of Corporations

Re: P02000103809
Southcoast Masonry, Inc.

I incorporated October 1, 2002. I did not realize that the corporation needed to be renewed at the beginning of each year. I never received the Uniform Business report for 2003. Please do not administratively dissolve my corporation. Per our conversation the other day, I enclosed my application for reinstatement and a check for \$ 150.00.

Respectfully,



John Robert Havens
President
