

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000122508

1. Corporation Name

Master Masonry Inc

2. Principal Office Address

5595 Nova Road

Suite, Apt. #, etc.

City & State

St Cloud, FL

Zip

34771

Country

US

3. Mailing Office Address

5595 Nova Rd

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip

34771

Country

US

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/18/02

5. FEI Number

354513081

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

Gerald W Meyers

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

5595 Nova Rd

Suite, Apt. #, Etc.

City

St Cloud

State

FL

Zip Code

34771

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Nov 21/2003

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	Reyes, Anthony A	2424 Kilgore, Suite1L #34	Orlando FL 32803
VP	Meyers, Gerald W.	5595 Nova Rd	St Cloud FL 34771
S/T	Meyers, Sylvia	1802 Farris Dr.	St Cloud FL 34771

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald W Meyers

11/21/03

Date

407-947-4652

Daytime Phone #

CR2E081 (10/02)

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