## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glende E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000132038 DOCUMENT #

1. Corporation Name

BLESSED MASONRY, INC.

Principal Place of Business

Mailing Address

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SECREMENT OF STATE TALLAHASSES, FLOR-OA

	799 ASHALAND BLVD P.O. BOX ( RLANDO, FL 32808 ORLANDO F						]				
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If above a	ddresses are incorrect in any way, line thro	ough incorrect in	formation an	d enter co	rrection below.	ucino	A PALLETIN		0 >		
2. New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida					
Suite, Apt. #, etc. Suite, Apt. #						12/17/2002 5. FEI Number Applied For					
City & State City & State			Va Ela			5. FEI Number Applied For Not Applicable					
Zip	AN do Comptry	Zip 2	$\frac{(\mu o, r)}{(a o + 1)}$	Country		6.	OF STATUS DESIRE		Additional Fee required		
<u> </u>	08 Orange	328	00		use	<u> </u>	OF STATOS DESINE	for	a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flor	rida nonprofit	<u> </u>			<u> </u>				
Title(s)	2 and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip				
P	WRISPER, QUENTIN A	2099 ASHALAND BLVD.				ORLANDO FL 32808					
٧	FLOYD, DANNY K JR.	12 DECON JONES ST.			ORLANDO FL 32810						
						12/29/	00258 0301045-	1 2 7 5 -024 *	*150.00		
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	8. Name and Address of Current F	Pagistered Age	nt .			Q Name and /	Address of New Re	agistored As	lent		
The state of the s					Name	J. Italia and J			Jeni.		
WRISPER, QUENTIN A				-	Street Address (P.O. Box Number is Not Acceptable)						
2099 ASHALAND BLVD. ORALNDO FL 32808			Suite, Apt. #, Etc.								
										_	
10. I, being	appointed the registered agent of the above	ve pattled corpo	ration, am fai	miliar with	and accept the of	oligations of Secti	on 607.0505, F.S. o	or 617.0505,	F.S.		
	· 1 (2/5) 7	 	15 m	c 5. b = 1			1.7	ه، ۸	12		
Signature o Registered	Agent WIND N	uspe GISTERED AG	ENT MUST S	RIGN		<u> </u>	Date	<u> 2-15</u>	-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 filling 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.

12-15-03 Daytime Phone

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December 16,2003

To Whom It May Concern:

This letter is in reference to reinstating my Corporation Blessed Masonry Inc. P02000132038, which was established on 12/19/2002. I never received an annual report for the business and it was revoked I just found out from the company I'm working with. I also included my payment of \$150.00 for reinstating the corporation, my new address is also listed on the form 4802 Blarney Drive, Orlando, FI 32808. The officers remain the same.

Thank kindly,

Quentin Wrisper