

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 9:00

DOCUMENT # PD4000009941

1. Corporation Name

Jack Blais Masonry, Inc.

2. Principal Office Address

40237 Palm St.

Suite, Apt. #, etc.

City & State

Lady Lake, FL

Zip

32159

Country

U.S.A.

3. Mailing Office Address

P.O. Box 2109

Suite, Apt. #, etc.

City & State

Lady Lake, FL

Zip

32158

Country

U.S.A.

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 13, 2004

5. FEI Number

20-0579712

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

Jack D. Blais Jr.

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

40237 Palm St.

Suite, Apt. #, Etc.

City

Lady Lake, FL

State

FL

Zip Code

32158

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

Jack D. Blais Jr.

REGISTERED AGENT MUST SIGN

Date 11-28-06

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
V/S/T	Ann Arnette Cowart	40237 Palm ST	Lady Lake, FL 32159

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 contained in Chapter 119, 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:

Ann Arnette Cowart (ANNA COWART)

Date

11/30/06

Daytime Phone #

(352)-205-8019

2072

Jack Blais Masonry, Inc.
P.O. Box 2109
Lady Lake, FL 32158
ph (352) 205-8019
fx (352) 430-0598

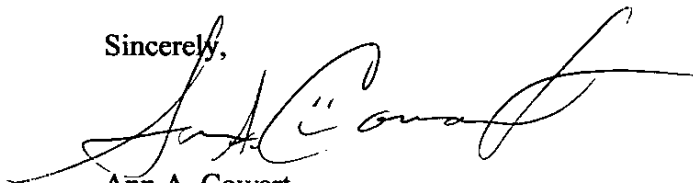
December 1, 2006

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Fl. 32314

Dear Department,

Our company did not receive the annual report notices in order to file properly. It has come to our attention that they were mailed to our physical address where we can not receive mail. Enclosed is a check for \$300.00 as requested and a completed reinstatement form. Thank you for your cooperation in correcting our corporate status. EIN# 20-0579712

Sincerely,



Ann A. Cowart
Vice President
Jack Blais Masonry, Inc.