

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
Annual Report for 05+06



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000011000

1. Corporation Name
Sam Ottinger Masonry, Inc
322 SE Ottinger Ct
Lake City FL 32025

300067918563
03/15/06--01003--014 **265.00

2. Principal Office Address
322 SE Ottinger Ct
Suite, Apt. #, etc.

3. Mailing Office Address
322 SE Ottinger Ct
Suite, Apt. #, etc.

City & State
Lake City FL

City & State
Lake City FL

Zip Country
32025 Columbia

Zip Country
32025 Columbia

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-0602787

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 300067918563

Name Michael Sam OTTINGER 01/24/06--01030--001 **35.10
Street Address (P.O. Box Number is Not Acceptable) 322 S.E. OTTINGER CT.
Suite, Apt. #, Etc.
City Lake City State FL Zip Code 32025

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 x Sam Ottinger
REGISTERED AGENT MUST SIGN

Date 3-6-06

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
President	Michael Sam Ottinger	322 SE Ottinger Ct	Lake City FL 32025
Secretary	Jonathan Touchton	322 SE Ottinger Ct	Lake City FL 32025
Treas	Kathy Ottinger	322 SE Ottinger Ct	Lake City FL 32025

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: x Sam Ottinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-6-06
Daytime Phone #

3-7-06

FL Dept of State
Div of Corporations

Subject Sam Ottinger Masonry Inc
Ref # P-04000011000

Please Abate Penalties on above Corp
for the renewal of State License

Our 911 Address Changed and we never
received the Card in Question to
Renew the reinstatement fees.

Thanking you in advance, for your
consideration.

Sam Ottinger

Enclosed \$265.00 per your request