


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0400.0054605			
1. Corporation Name Joseph Williams Masonry of Tallahassee Inc.			
2. Principal Office Address 240 Briley Ct Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Tall, FL		City & State 	
Zip 32305	Country Lcom	Zip 	Country

FILED
06 MAY -8 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 12-1-04	
5. FEI Number Applicant for	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joseph Williams	
Street Address (P.O. Box Number is Not Acceptable) 240 Briley Ct	
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32305

REINSTATEMENT 05-06
700075101377
05/23/06--01048--009 **908.75

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**

Joseph Williams
REGISTERED AGENT MUST SIGN

Date 4-17-6

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
Pres.	Joseph Williams	240 Briley Ct	Tall, FL - 32305

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-6