

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 OCT 27 PM 3:30  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085626

**1. Corporation Name**

JR'S MASONRY, INC

**2. Principal Office Address**  
113 EASY ST

Suite, Apt. #, etc.

**City & State**  
SATSUMA, FL

**Zip**  
32189

**Country**  
PUTNAM

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

*[Handwritten Signature]*

REINSTATEMENT 05-06

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

**5. FFL Number**  
83-0397956

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**  
CANNON, JUDY

**Street Address (R.O. Box Number is Not Acceptable)**  
113 EASY ST

Suite, Apt. #, Etc.

**City**  
SATSUMA

**State**  
FL

**Zip Code**  
32189

**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**

**Date**

REGISTERED AGENT MUST SIGN

**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
PT	CANNON, JUDY	113 EASY ST	SATSUMA, FL 32189
V	HART, ROBERT W	113 EASY ST	SATSUMA, FL 32189

500081274465  
10/27/06--01025--008 \*\*300.00

**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:**

*[Handwritten Signature: Judy Cannon P.T.]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

10-24-06

To: Whom it Concerns Document #  
P04000085624

I want to Reinstate my Corp.

I Called and talk to someone and they  
advised me to do this: Ask to Waive the  
late fee. Because our mail goes to  
113 East Street at Satsuma FL 32189 But  
at the time the Card came out in the mail  
we were Building a New House at 404  
Incline Rd. and our mail got lost or  
messed up or we didn't even receive it  
we had to stay at 404 so the Material would  
not get stolen Kids got our mail out of our  
Boxes all the time. So when someone  
Punched up our Corp. # it came up Inactive  
and that is how I knew to contact you. When  
I called your # to talk to that lady she  
said to send 300<sup>00</sup> to Reinstate

Thanks

JR'S Masonry Inc.  
113 East St  
Satsuma FL 32189  
386 937-6569

P.T. Judy Cannon  
V.P. Robert Hart  
P.S. I Didn't receive  
the annual Report Notice