

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06 0000 40290

1. Corporation Name

A.B. Masonry Construction, Inc.

2. Principal Office Address - No P.O. Box #

10905 Lehman Rd.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Clemente Bautista

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

10905 Lehman Rd.

Suite, Apt. #, Etc.

Tampa, FL 33610

City

State

FL

Zip Code

33610

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

Clemente Bautista

REGISTERED AGENT MUST SIGN

Date 2/11/08

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
P	Clemente Bautista	10905 Lehman Rd.	Tampa, FL 33610
	2/13/20		

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 Clemente Bautista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

Daytime Phone #

FILED

08 MAR 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300120817189
03/20/08--01024--003 **150.00

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4562189

Applied For.

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

300118543273
02/21/08--01029--008 **158.75