

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E081 (10/09)

DOCUMENT #

PU6 00 00 90611

1. Corporation Name

American Brick & Stone Inc.

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

2502 Washington Rd.

3. Mailing Office Address

2502 Washington RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/06

City & State

VAIRICO, FL

City & State

VAIRICO, FL

Zip

33594

Country

US

Zip

33594

Country

US

5. FEI Number

364590353

☐ 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

John W WALTZ

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

2502 Washington RD

Suite, Apt. #, Etc.

City

VAIRICO

State

FL

Zip Code

33594

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/09

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
D	John W WALTZ	2502 Washington RD	VAIRICO, FL 33594

REINSTATEMENT

11/12/09
08-09

10. E-mail Address:

John Waltz@yahoo.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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]

John Waltz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-967-0985

Daytime Phone#