

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000053250

1. Corporation Name

MASON GARRISON INC.

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

365 W. James Lee Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

365 W. James Lee Blvd

Suite, Apt. #, etc.

City & State

Crestview

City & State

Crestview

Zip

32536

Country

USA

Zip

32536

Country

USA

7. Name and Address of Current Registered Agent

Name

Marc L Mason

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

365 W. James Lee Blvd

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

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 **July 14, 2010**

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
P	Marc L Mason	365 W. James Lee Blvd	Crestview, FL 32536
VP	Lisa Garrison	365 W. James Lee Blvd	Crestview, FL 32536

10. E-mail Address: **mmason74@cox.net**

(To be used for future annual report notification)

11. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2010 850-685-4916

Date

Daytime Phone #

FILED

10 SEP -7 AM 11:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

May 3, 2007

5. FEI Number
None

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700183528597
07/21/10--01027--010 **1050.00

W1-34298