

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 10 PM 2:58

DOCUMENT # P94000023557

1. Corporation Name

MANGAN MASONRY INC.

REINSTATEMENT 03-04

2. Principal Office Address

1052 CANDLER RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

Country

33765

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3-23-94

5. FEI Number

59-3233345

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

THOMAS J MANGAN

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

1052 CANDLER ROAD

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

200037847072  
06/10/04--01060--001 \*\*\*308.75

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

*Thomas J Mangan*

REGISTERED AGENT MUST SIGN

Date 6/7/04

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	THOMAS J MANGAN	1052 CANDLER RD	CLEARWATER FL 33765

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 under section 119.07(3)(i), 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:

*Thomas J Mangan*

THOMAS J MANGAN

Date

6/7/04

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2008 (01/04)

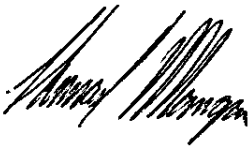
# MANGAN MASONRY, INC.

1052 CANDLER RD  
SUITE 1  
CLEARWATER, FL 33765  
PHONE 727-796-7272  
FAX 727-796-7272  
MOBIL 727-647-1297

JUNE 7, 2004

PLEASE BE ADVISED THAT I NEVER RECEIVED MY REGISTRATION  
FORM TO KEEP MY CORP. ACTIVE. THANK YOU FOR YOUR HELP.

TOM MANGAN

A handwritten signature in black ink, appearing to read 'Tom Mangan', with a stylized, cursive script.