

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 OCT 13 PM 4:27

DOCUMENT # **P94000032524**

1. Corporation Name

R.G.R. MASONRY, INC.

Principal Place of Business

1241 SW 4TH COURT
BOCA RATON FL 33432
US

Mailing Address

~~BOB MASONRY, INC.
1561 SW 4 COURT
BOCA RATON FL 33433~~

*R.G.R. Masonry, Inc.
1241 S.W. 4th Ct.
Boca Raton, FL 33432*



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1994

5. FEI Number

65-0483593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PALAZZO, ANTHONY C	1241 SW 4TH COURT	BOCA RATON FL 33432
VP	PALAZZO, ROSEANN	1241 SW 4TH COURT	BOCA RATON FL 33432

800023751548

10/13/03--01073--009 **150.00

8. Name and Address of Current Registered Agent

PALAZZO, ANTHONY C
1241 SW 4TH COURT
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Anthony Palazzo
Anthony Palazzo

Date **10/8/03**

REGISTERED AGENT MUST SIGN

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 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:

Anthony Palazzo
Anthony Palazzo

10/8/03

Date

561 338-9682

Daytime Phone #

CR2E040 (7/03)

**R.G.R. MASONRY, INC.
1241 S.W. 4th COURT
BOCA RATON, FLORIDA 33432
(561) 338-9682**

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document Number P94000032524

To Whom It May Concern:

I never received our "2003 Corporation Annual Business Report". The reason I did not get it is you have the **"WRONG MAILING ADDRESS & COMPANY NAME"**.

Please **correct** our "MAILING" address & Company Name to:

**R.G.R. MASONRY, INC.
1241 S.W. 4th Court
Boca Raton, Florida 33432**

Enclosed please find our check #9208 for \$150.00.

Thank you.

Sincerely,



Roseann Palazzo
Vice President