

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P94000041249**

96 DEC 18 PM 3:24

1 Corporation Name

BARTON MASONRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1220 STATE PARK RD~~ **3380 Spool Mill Road** ~~1220 STATE PARK ROAD~~ **P O Box 765**
~~CHIPLEY FL 32428~~ **Vernon FL 32462** ~~CHIPLEY FL 32428~~ **Vernon FL**
US 32462



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

2. New Principal Office Address, If Applicable
3380 Spool Mill Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P O Box 765
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1994

5. FEI Number
59-3253498

Applied For

Not Applicable

City & State
Vernon FL

City & State
Vernon FL

Zip
32462

Country

Zip
32462

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANDREWS, GLEN N	SPOOL MILL RD 3380 Spool Mill Road	VERNON FL 32462
D	BARTON, HUNTER T	PIKE POND RD	CHIPLEY FL 32428
D	POOLE, MARY T	1220 STATE PARK ROAD	CHIPLEY FL
			300002033959-4 -12/19/96-010587-82 ****375-80 ****1214-06
			REINSTATEMENT

8. Name and Address of Current Registered Agent

POOLE, MARY T
RT 7 BOX 342
CHIPLEY FL 32428

9. Name and Address of New Registered Agent

Name
Glenn N Andrews
Street Address (P.O. Box Number is Not Acceptable)
3380 Spool Mill Road
Suite, Apt. #, Etc.

City
Vernon

State
FL

Zip Code
32462

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

Signature of
Registered Agent

Glenn N Andrews
REQUIRED

REGISTERED AGENT MUST SIGN

Date **9-20-96**

Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn N Andrews
Glenn N. Andrews Director

Date

Daytime Phone #

9-20-96 **904-535-0668**