

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

97 NOV 25 PM 3:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000086756

1. Corporation Name
C.S. WRENCH MASONRY, INC.

Principal Place of Business 2600 US1 SOUTH SUITE #3 ST. AUGUSTINE FL 32084 US	Mailing Address P.O. BOX 3785 ST. AUGUSTINE FL 32085-3785
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REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business In Florida 11/30/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3281741
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	WRENCH, CHARLES S	13 MATTIE STREET	ST. AUGUSTINE FL 32085
V	JEFFRY S. MARTIN	6014 COSTANERO RD.	ST. AUGUSTINE FL
S	ANDREW S. WRENCH	104 11TH STREET APT A	ST.AUGUSTINE BCH FL 32084
			800002361288--2 -12/02/97--01069--011 ****750.00 ****750.00

6. Name and Address of Current Registered Agent EBERLING, ROBERT A. 1400 OLD DIXIE HWY., SUITE E ST. AUGUSTINE FL 32086	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
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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.
 Signature of Registered Agent: *Robert A. Eberling* Date: 11/19/97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *C.S. Wrench* C. S. Wrench 11/20/97 904-823-0760
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)