

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 MAR 24 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087690

1. Corporation Name

J.B. MASONRY, INC.

Principal Place of Business

Mailing Address

841 S.W. 39TH AVE  
FT. LAUDERDALE, FL 33312

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 November 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0563393	
City & State		City & State		Applied For Not Applicable	
Zip	Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	JIMMY BAKER	841 SW 39 AVE	FT. LAUDERDALE, FL 33312
			7000002123407--8 -03/25/97--01047--018 ****915.00 ****915.00
			REINSTATEMENT 96-97 A. Alan 3/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JIMMY BAKER  
841 S.W. 39TH AVE  
FT. LAUDERDALE, FL 33312

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.

Signature of Registered Agent: *Jimmy Baker*  
REGISTERED AGENT MUST SIGN

Date: 3-19-97

11. 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: *Jimmy Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-19-97  
Daytime Phone #: (954) 381-0559

CR2ED00 (12/96)