

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00: MAR 27 AM 11:22

DOCUMENT #

1. Corporation Name

P94000089133
LAPP MASONRY, INC.
P.O. Box 1654
Oneco, Florida 34264

700003196127--2
-04/04/00--01103--017
****300.00 ****300.00

2. Principal Office Address

6416-47 AVE. E

3. Mailing Office Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City, & State

Bradenton FL

City & State

Zip

34203

Country

USA

Zip

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-95

5. FEI Number

65-0540443

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

Same as above "Eli B. Lapp"

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

6416-47 AVE. E.

Suite, Apt. #, Etc.

BRADENTON

City

State

FL

Zip Code

34203

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**

Eli Lapp

Date 3-20-00

REGISTERED AGENT MUST SIGN

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
Pres.	Eli B. Lapp	6416-47-Ave. E.	Bradenton, FL 34208
V. Pres.	John Tappan	" "	Bradenton FL 342

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:

Eli Lapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-20-00

Daytime Phone #

(941)

755-2008

CR2081 (9/99)