

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

01 JUN -7 AM 11:57

DOCUMENT # P95000002716

1. Corporation Name

Atlantic Masonry Inc

2. Principal Office Address

5174 1st Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33467

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-9-95

5. FEI Number

650556995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Troy Rainbolt

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

5174 1st Road

Suite, Apt. #, Etc.

500004435565-4

-06/21/01--01083-023

\*\*\*\*300.00 \*\*\*\*300.00

City

Lake Worth

State

FL

Zip Code

33467

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

*Troy Rainbolt*  
REGISTERED AGENT MUST SIGN

Date 6-4-01

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	Troy Rainbolt	5174 1st Road	Lake Worth, FL 33467
V. Pres	Keith Rainbolt	16433 Aintree Dr E	Loxahatchee FL 33470

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:

*Troy Rainbolt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-01

Date

(561) 248-2061

Daytime Phone #

CR2E081 (9/00)