

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 SEP 18 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** PA15000018451

**1. Corporation Name**  
J.A. BAUER MASONRY INC

**2. Principal Office Address**  
1930 LONGVIEW DR  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
Suite, Apt. #, etc.

**City & State**  
TALLAHASSEE, FLA

**City & State**

**Zip** 32303 **Country**

**Zip** **Country**

**4. Date Incorporated or Qualified To Do Business in Florida** 3/17/95

**5. FEI Number** 59-329 9556 **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** JESSEL ALAN BAUER

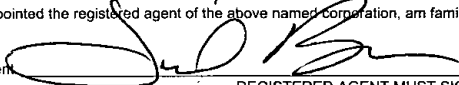
**Street Address (P.O. Box Number is Not Acceptable)** 1930 LONGVIEW DR

**Suite, Apt. #, Etc.** TALLA

**City** TALLA, FLA

**State** FL **Zip Code** 32303

**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.**

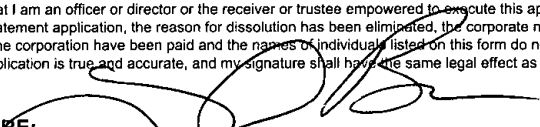
**Signature of Registered Agent**  **Date** 9/18/01

**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	JESSEL BAUER	1930 LONGVIEW DR	TALLA, FLA 32303
DIRECTOR	ELLIOTT SMITH	1208 E MEADOWS LANE	TALLA, FLA 32310
DIRECTOR	LARRY JAMES	1303 ALBERTA DR	TALLA, FLA 32304
			400004597244--1
			-09/18/01--01062--001
			****600.00 ****600.00

**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:**  **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** 9/18/01 **Daytime Phone #**

CR2E081 (9/00)