

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DEPARTMENT OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -3 PM 3:07

DOCUMENT # P95000018457

1. Corporation Name

J. A. BAUER MASONRY, INC.

Principal Place of Business

1930 LONGVIEW DRIVE
TALLAHASSEE FL 32303

Mailing Address

1930 LONGVIEW DRIVE
TALLAHASSEE FL 32303



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

12. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 319 TAN LANE

City & State Quincy, FLA

Zip 32352

13. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 319 TAN LANE

City & State Quincy, FLA

Zip 32352

4. Date Incorporated or Qualified To Do Business in Florida

03/07/1995

5. FEI Number

59-3299556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| P | BAUER, JESSEL A | 1930 LONGVIEW DRIVE 319 TAN LANE | TALLAHASSEE FL 32303 Quincy, FLA 32352 |
| D | SMITH, ELLIOTT | 1208-C MEADINE LANE | TALLAHASSEE FL 32310 |
| D | JAMES, LARRY | 1303 ALBERTA DRIVE | TALLAHASSEE FL 32304 |
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| | | | |
| | | | |

610011628296
02/03/03--01114--001 **300.00

8. Name and Address of Current Registered Agent

BAUER, JESSEL A
1930 LONGVIEW DRIVE
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

319 TAN LANE
Suite, Apt. #, Etc.

City

Quincy, FL

State

Zip Code

32352

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/3/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

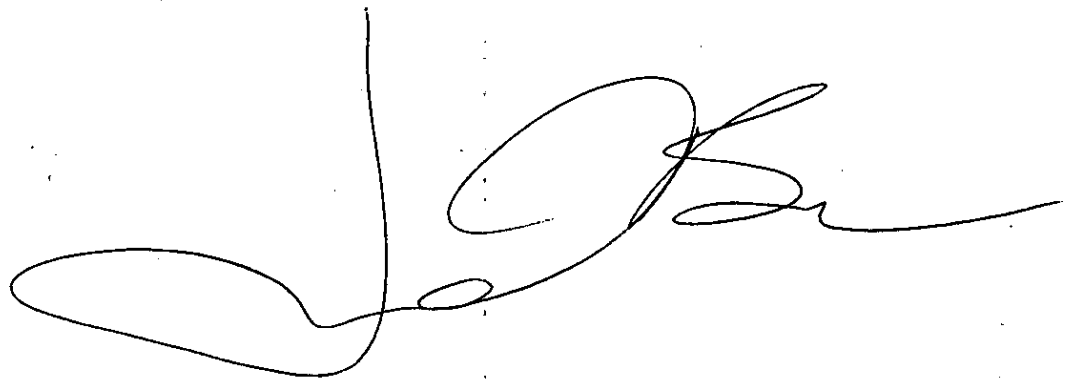
2/3/03

2/3/03

2072

TO WHOEVER IT MAY CONCERN

I DID NOT RECEIVE THE 2002 UBR
REPORT.

A large, stylized handwritten signature in black ink, consisting of a large loop followed by a series of connected strokes.