

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra A. Norborn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 16 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000019810**

1. Corporation Name

HENRY BONTRAGER MASONRY, INC.

Principal Place of Business

Mailing Address

**3434 CLARINDA ST.
SARASOTA FL 34239**

**P.O. BOX 7894
SARASOTA FL 34278**

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

2. New Principal Office Address, If Applicable

**3033 NOVUS CT
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**3033 NOVUS CT
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1995

5. FEI Number

65-0567977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
SARASOTA FL

Zip
34239 Country

City & State
SARASOTA FL

Zip
34239 Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BONTRAGER, HENRY O	3434 CLARINDA ST.	SARASOTA FL 34239

NOTICE NOT REC'D
DISSOLUTION REMOVED

AD

8. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name **Brenda S Wood**
Street Address (P.O. Box Number is Not Acceptable)
4509 Bee Ridge Rd Ste B
Suite, Apt. #, Etc.
SARASOTA
City **SARASOTA** State **FL** Zip Code **34233**

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 **Brenda S Wood**
REGISTERED AGENT MUST SIGN

Date **9/24/96**

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)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Bontrager

9/24/96

Daytime Phone #

CR2E040 (7/96)



20F2
American Accounting of Sarasota

4509 Bee Ridge Rd. • Suite B • Sarasota, FL 34233

(813) 371-0008 • FAX (813) 371-5685

September 25, 1996

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: **HENRY BONTRAGER MASONRY, INC.**
P95000019810

This letter is in follow-up to the conversation with one of your office staff this morning in regards to the above referenced corporation.

According to your records, your office sent the forms back to the corporation on July 26, 1996 to change the Registered Agent. Mr. Bontrager never received them for making these changes and his file has remained non-renewed in your computer files. Kindly credit the \$225.00 that you have already received from him as the total fee necessary to renew HENRY BONTRAGER MASONRY, INC. for another year.

Enclosed please find the changes your office requested for the Registered Agent.

Sincerely,

Brenda E. Wood

Brenda E. Wood
Accountant

BEW/jam
enc.