

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P97000061291**

1. Corporation Name

DYAL MASONRY INC.

2. Principal Office Address

15138 Johns Lake Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 310

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

00000 FLA

Zip

34711

Country

USA

Zip

34761

Country

USA ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-1997

5. FEI Number

59-3945752

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

Melissa D. Munroe, Esq.

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

511 N. Ferncreek Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

Melissa D. Munroe

Date **3/8/02**

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
D	DYAL JEFFREY P.	15138 Johns Lake Rd	CLERMONT, FLA
V	DYAL GARY W.	1502 STARFIRE LN	00000, FLA 34761
T	DYAL GLENN F.	8202 CATHY ANN DR	ORLANDO, FLA 32818

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:

Jeffrey P Dyal

Jeffrey P Dyal

3/8/02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR