

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name Architectural Pavers & Wall Systems, Inc.			
Principal Place of Business 1024 Cox Grade Rd Panama City Beach, FL 32414		Mailing Address	
If above addresses are incorrect in any way, correct information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
10-2-97		59-3434841	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Richard L. Cox, Jr	1024 Cox Grade Rd, P.C.B.	Panama City Beach, FL 32414
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Diane C. Ware 3003 S. Hwy 77, Suite A Lynn Haven, FL 32444		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code	
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		Date	
Diane C. Ware		2-1-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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:		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
Richard L. Cox Jr.		2-1-99 850-234-7600	

FILED

99 FEB 17 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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****\$900.00 ****\$900.00

CR2E08 (12/98)