# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

#### P98000040323 DOCUMENT #

1. Corporation Name

# MERCURIO MASONRY INCORPORATED

Principal Place of Business

Mailing Address

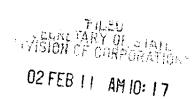
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

.....

SIGNATURE:

4007 79MD AVE M



- I ABBANDAN AND ABIAN ABIAN BORKA BORKA BORKA BARKA BARKA BORGO AKKIO KUDOD AKKA IBAR

Mercurio 12-18-01 (73) 546 5353

Date Daylime Phone #

			77 72ND AVE N ELLAS PARK FL 33781					
If above	addresses are incorrect in any way, line t	nrough incorrect in	nformation a	ind enter correction below.	REINST	TATEMENT	07-02	
New Principal Office Address, If Applicable     New Mail				ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     05/05/1998		
Suite, Apt. #, etc. Suite, Apt. #			, etc.		5. FEI Number Applied For			
City & State City & State							Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATE		Additional Fee required r a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprof	fit corporations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
٧	SCOTT, WAYNE		6901 -59TH WAY N.			PINELLAS PARK FL 33781		
TS	MERCURO, ADA			ND ST N.		KENNETH CITY FL 33709		
						0004950: 02/20/02-01 ****900.00	****900.00	
	8. Name and Address of Curren	t Registered Age	ent	Nema	9. Name and A	ddress of New Registered A	gent	
Name								
MERCURIO, MICHAEL 4701 88TH AVE N APT #214				Street Address (P.O. Box Number is Not Acceptable)				
PINELLAS PARK FL 33781				Suite, Apt. #, Etc.				
				City		State FL	Zip Code	
10. I, being	g appointed the registered agent of the al	pove named corpo	pration, am f	amiliar with and accept the o	obligations of Section			
Signature o Registered	Agent	REGISTERED AG	ENT MUST	(Only 1985)		Date <u>12-18</u>	3-01	
this rein	that I am an officer or director or the rec estatement application, the reason for dis y the corporation have been paid and the	solution has been	eliminated,	the corporate name satisfies	the requirements	of section 607.0401 or 617.040	01, F.S., that all fees	