

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 AM 10:17

DOCUMENT # P98000040323

1. Corporation Name

MERCURIO MASONRY INCORPORATED

Principal Place of Business

4987 72ND AVE N  
PINELLAS PARK FL 33781

Mailing Address

4987 72ND AVE N  
PINELLAS PARK FL 33781



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1998

5. FEI Number

59-3492320

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
V	SCOTT, WAYNE	6901 -59TH WAY N.	PINELLAS PARK FL 33781
TS	MERCURO, ADA	4785 -62ND ST N.	KENNETH CITY FL 33709

600004960886--6

02/20/02 01052-002

\*\*\*900.00 \*\*\*900.00

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

MERCURIO, MICHAEL  
4701 88TH AVE N APT #214  
PINELLAS PARK FL 33781

9. Name and Address of New Registered Agent

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-18-01

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:

*[Handwritten Signature]* Michael Mercurio 12-18-01 (727) 546-5553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)