

FILED



ANGUS MASONRY, INC.

03 NOV -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

1613 NW 11 Place

16/3 N.W 11th F/acc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL.

City & State
FORT LAUDERDALE, FL.

Zip
33311

Country
U.S.

Zip
33311

Country
USA

REINSTATEMENT

03

4. FBI Number 65-0841641

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

Name ANGUS ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
1613 N.W. 11th place
City FOET LAUDERDALE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

10/31/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE 857 DAN THONY ANGUS
NAME
STREET ADDRESS 1613 N.W 11 PLACE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

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11/05/03--01067--005 *#150.00

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quinta Dioma #

CR2E034B (12/02)

**ANGUS MASONRY, INC.
1613 NW 11TH PLACE
FORT LAUDERDALE, FL 33311**

October 31st, 2003

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

REF: Angus Masonry, Inc.
Document#: P98000047805

Dear Sir or Madam:

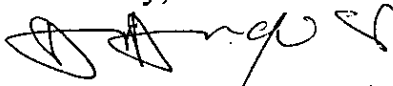
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



ANGUS ANTHONY

AA/re