

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 APR 19 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98 000079347

1. Corporation Name  
Sur-Pig Masonry, Inc.

2. Principal Office Address  
22017 Lakeview Dr.

Suite, Apt. #, etc.

City & State  
Panama City Beach, Fl.

Zip Country  
32413 Bay

3. Mailing Office Address  
22241 Inlet Beach Dr.

Suite, Apt. #, etc.

City & State  
Panama City Beach, Fl.

Zip Country  
32413 Bay

**REINSTATEMENT**

29-01

4. Date Incorporated or Qualified  
To Do Business in Florida 9/15/98

SP

5. FEI Number  
52-2127058

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  
Clarence H Surber

Street Address (P.O. Box Number is Not Acceptable)  
22017 Lakeview Dr.

Suite, Apt. #, Etc.

City  
Panama City Beach,

200004164152-1  
-05/09/01--01006--014  
State \*\*\*1050.00 \*\*\*1050.00  
FL 32413

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

*Clarence H. Surber*

REGISTERED AGENT MUST SIGN

Date 4-16-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonpro 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
P	Dane Pigman	128 N Wells St	Panama City Beach, Fl. 32413
V-P	Eugene Surber	22241 Inlet Beach Dr	Panama City Beach, Fl. 32413
S/T	Clarence Surber	22017 Lakeview Dr	Panama City Beach, Fl. 32413

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)(l), 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:

*Clarence H. Surber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01  
Date

850-236-9613  
Daytime Phone #

CR2E081 (9/00)