

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TUCCI MASONRY, INC.
P98000083963

600003532586--3
-01/11/01--01038--013
****758.75 ****758.75

2. Principal Office Address

8549 Hillcrest DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Groveland, FL

City & State

Zip

34736

Country

LAKE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 1, 1998

5. FEI Number

59-3536399

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

FILMORE TUCCI

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

8549 HILLCREST DR

Suite, Apt. #, Etc.

City

GROVELAND

State
FL

Zip Code

34736

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

x. Filmore Tucci

REGISTERED AGENT MUST SIGN

Date *12-28-00*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
PRESIDENT	FILMORE TUCCI	8549 HILLCREST DR.	GROVELAND, FL 34736
VICE-PRESIDENT	ALEX TUCCI	8549 HILLCREST DR.	GROVELAND, FL 34736
SECRETARY/ TREASURER	PHILLIP TUCCI	8549 HILLCREST DR.	GROVELAND, FL 34736

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)(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:

x. Filmore Tucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-00

Daytime Phone #

352-243-4229