

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PG192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 In the Office of the
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P99000015143

1. Corporation Name
BREAM MASONRY, INC.

Principal Place of Business Mailing Address

3330 QUAIL CLOSE 3330 QUAIL CLOSE
 POMPANO BCH FL 33064 POMPANO BCH FL 33064

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

FILED

00 OCT 16 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida **02/16/1999**

5. FEI Number **65-0894839** 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)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	BREAM, KEVIN	3330 QUAIL CLOSE	POMPANO BCH FL 33064

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BREAM, KEVIN 3330 QUAIL CLOSE POMPANO BCH FL 33064	Name SP
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 **SIGNATURE REQUIRED** Date **10-13-00**

REGISTERED AGENT MUST SIGN

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: **SIGNATURE REQUIRED** **10-13-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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10-12-00.

To Whom it may concern:

We did not receive prior notification. Please waive the reinstatement fee.

Thank you.

Kevin Bream
Kevin Bream
Bream Masonry, Inc

per. Kristen