

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 12 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000060141**

1. Corporation Name

**TITUS BONTRAGER MASONRY INC.**

Principal Place of Business

Mailing Address

1479 MISSION ROAD  
MARIANNA FL 32448

1479 MISSION ROAD  
MARIANNA FL 32448



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1999

5. FEI Number

59-3583765

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
P	BONTRAGER, TITUS	1479 MISSION ROAD	MARIANNA FL 31448
			02/11/04--01018--001 **150.00 400028544424 02/11/04--01018--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONTRAGER, TITUS  
.79 MISSION ROAD  
MARIANNA FL 32448

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Titus Bontrager*

REGISTERED AGENT MUST SIGN

Date **02-07-04**

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.

NATURE:

*Titus Bontrager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Titus Bontrager

Date **02-07-04**

Daytime Phone # **850-526-7455**

CR2E040 (7/03)



201 W. Washington St.  
Chattahoochee, FL 32324  
(850) 663-8800 Fax (850) 663-8848

February 5, 2004

Titus Bontrager Masonry Inc.  
1479 Mission Rd.  
Marianna, FL 32448

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

This business (P99000060141) did not receive the uniform business report (BUR) notices sent out by your department during the 2003 year. Please accept this completed application for reinstatement and the enclosed check for \$150.

Thank you in advance for your cooperation and the waiver of penalty.

Sincerely,

Titus Bontrager  
Titus Bontrager Masonry Inc.