

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 SEP 18 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

98-01 UBR

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

DOCUMENT # **DA15000018457**

1. Corporation Name
J.A. BAUER MASONRY INC

2. Principal Office Address
1930 LONGVIEW DR

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FLA

City & State

Zip Country Zip Country
32303

4. Date Incorporated or Qualified To Do Business in Florida
3/7/95

5. FEI Number
59-329 9556

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
JESSEL ALAN BAUER

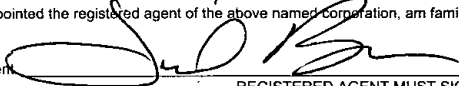
Street Address (P.O. Box Number is Not Acceptable)
1930 LONGVIEW DR

Suite, Apt. #, Etc.
TALLA

City
TALLA, FLA

State Zip Code
FL 32303

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  Date **9/18/01**

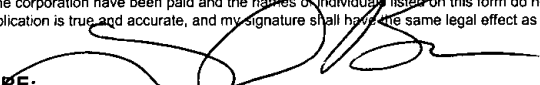
REGISTERED AGENT MUST SIGN

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
PRES	JESSEL BAUER	1930 LONGVIEW DR	TALLA, FLA 32303
DIRECTOR	ELLIOTT SMITH	1208 E MEADWINE LANE	TALLA, FLA 32310
DIRECTOR	LARRY JAMES	1303 ALBERTA DR	TALLA, FLA 32304

400004597244--1
-09/18/01--01062--001
****600.00 ****600.00

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:  Date **9/18/01** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20081 (9/00)