

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DEPARTMENT OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB -3 PM 3:07

DOCUMENT # P95000018457

1. Corporation Name

J. A. BAUER MASONRY, INC.

Principal Place of Business

Mailing Address

1930 LONGVIEW DRIVE  
TALLAHASSEE FL 32303

1930 LONGVIEW DRIVE  
TALLAHASSEE FL 32303



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

12. New Principal Office Address, if Applicable JESSEL BAUER Suite, Apt. #, etc. 319 TAN LANE City & State Quincy, FLA Zip 32352	Country FLORIDA	13. New Mailing Office Address, if Applicable JESSEL BAUER Suite, Apt. #, etc. 319 TAN LANE City & State Quincy, FLA Zip 32352	Country FLORIDA
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4. Date Incorporated or Qualified To Do Business in Florida 03/07/1995	5. FEI Number 59-3299556	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BAUER, JESSEL A	<del>1930 LONGVIEW DRIVE</del> 319 TAN LANE	<del>TALLAHASSEE FL 32303</del> Quincy, FLA 32352
D	SMITH, ELLIOTT	1208-C MEADINE LANE	TALLAHASSEE FL 32310
D	JAMES, LARRY	1303 ALBERTA DRIVE	TALLAHASSEE FL 32304
610011628296 02/03/03--01114--001 **300.00			

8. Name and Address of Current Registered Agent

BAUER, JESSEL A  
1930 LONGVIEW DRIVE  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name JESSEL BAUER	Street Address (P.O. Box Number is Not Acceptable) 319 TAN LANE	Suite, Apt. #, Etc.	City QUINCY, FL	State FL	Zip Code 32352
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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. or 617.0505, F.S.

Signature of Registered Agent: [Signature] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date: 2/3/03

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] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date: 2/3/03

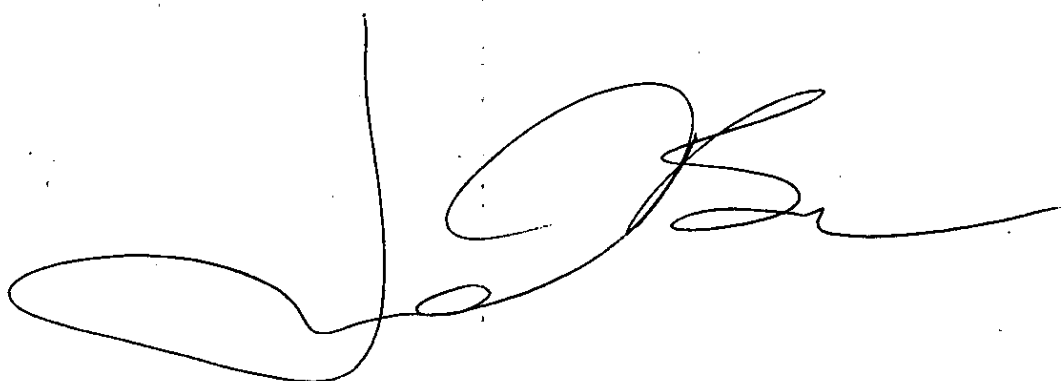
CPRE040 (8/02)

2/3/03

2002

TO WHOEVER IT MAY CONCERN

I DID NOT RECEIVE THE 2002 UBR  
REPORT.

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.