PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -5 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02 0000 42841

REINSTATEMENT 03

700025970227
01/05/04--01017--024 **750.00

1. Corporation Name
JEROME's MASONRY INC

2. Principal Office Address	3. Mailing Office Address
40037 PALM ST	40037 PALM ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LADY LAKE FL	City & State: LADY LAKE FL
Zip: 32158 Country: LAKE	Zip: 32158 Country: LAKE

4. Date Incorporated or Qualified To Do Business in Florida: 4/19/2002

5. FEI Number: 55-6787057 ☐ 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: WILLIE J. WILSON
Street Address (P.O. Box Number is Not Acceptable): 40037 PALM ST.
Suite, Apt. #, Etc.:
City: LADY LAKE State: FL Zip Code: 32158

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: Willie J Wilson — REGISTERED AGENT MUST SIGN
Date: 12.29.03

CR2E081 (10/02)

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
P.	WILLIE J. WILSON	40037 PALM ST.	LADY LAKE FL 32158
ST	SANDRA R. WILSON	40037 PALM ST.	LADY LAKE FL 32158

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: Willie J Wilson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/29/2003
Daytime Phone #: 352-303-0553