

2008 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000037881 1. Entity Name J & L MASONRY, INC.				 P 96 000037881		FILED DEC 19 PM 3:16	
Principal Place of Business 1980 MATTISON DR NE PALM BAY, FL 32905 US				Mailing Address 1980 MATTISON DR NE PALM BAY, FL 32905 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-3386988				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LONG, JAMES T 1980 MATTISON DR NE PALM BAY, FL 32905				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, JAMES T 1980 MATTISON DR NE PALM BAY, FL 32905			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 12-11-08 Daytime Phone #			

**J & L MASONRY, INC.
1511 LA MADIERE DRIVE DR SW
PALM BAY, FL 32908**

November 25, 2008

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

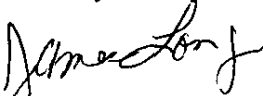
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08 DEC 19 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: P96000037881
Debit Memo# 86750-K

Dear Sir or Madam,

Enclosed please find a money order in the amount of \$165.00. I was in the middle of a bad divorce and moved from my house during the early part of this year. I never received any notices of my check being returned. I request that you reinstate the above corporation and know that in the future reports will be filed in a timely matter.

Thank you for your attention to this matter.



James Long
President