

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 366952

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** PRIDE MASONRY CONSTRUCTION INC

**Current Principal Place of Business:**

105 CAPE DRIVE  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

105 CAPE DRIVE  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

**FEI Number:** 59-1296100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE INSURANCE CENTER OF NW FLORIDA INC  
315 E HOLLYWOOD BLVD  
SUITE 4A  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** RICK WHITE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** CASON, RUBY  
**Address:** 126 HOLLYWOOD BLVD SE  
**City-St-Zip:** FT. WALTON BEACH, FL 32548 US

**Title:** P  
**Name:** CASON, FREDDIE L III  
**Address:** 105 CAPE DRIVE  
**City-St-Zip:** FT WALTON BEACH, FL 32548 US

**Title:** S/T  
**Name:** CASON, CONNIE D  
**Address:** 105 CAPE DRIVE  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FREDDIE L CASON III

P

10/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date