PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 10 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21228

1. Corporation Name
JACKSON MASONRY, INC.

Principal Place of Business
~~2644 NW 25th st~~
~~Ft Lauderdale FL 33311~~

Mailing Address
~~2644 NW 25th st~~
~~Fort Lauderdale, FL 33311~~

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable
30 NE 146th street
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33161 Country:

3. New Mailing Office Address, If Applicable
30 NE 146th street
Suite, Apt. #, etc.
City & State: Miami ; FL
Zip: 33161 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0042606 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ — $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	EVORAL JACKSON	30 NE 146th street ~~Miami ; FL 33161~~	MIAMI ; FL 33161
S	YVONNE JACKSON	30 NE 146th street ~~Miami ; FL 33161~~	MIAMI ; FL 33161
VP	EATON HARDWARE	4931 NW 15th CRT	Lauderhill ; FL 33313

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****308.75 LS ****308.75

8. Name and Address of Current Registered Agent
EVORAL JACKSON
30 NE 146th street
MIAMI ; FL 33161

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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.

Signature of Registered Agent: X Evoral Jackson — REGISTERED AGENT MUST SIGN — Date 1/3/01

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: X Evoral Jackson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/3/01 — Daytime Phone # (305) 949 4700