

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 30 PM 3:26

DOCUMENT # L03000046775

1. Limited Liability Company's Name

Leonard Masonry LLC

500189132985
12/30/10--01041--004 **243.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 3017 Morning Glory Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State	
Zip 33852	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1986	
6. FEI Number 11-3708622	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name James Henry Leonard			
Street Address (P.O. Box Number is Not Acceptable) 3017 Morning Glory Dr			
Suite, Apt. #, Etc.			
City Lake Placid	State FL	Zip Code 33852	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James Henry Leonard
REGISTERED AGENT MUST SIGN

Date **12-27-10**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	James Henry Leonard	3017 Morning Glory Dr.	Lake Placid, FL 33852

REINSTATEMENT

2010

11. E-mail Address: none

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

James Henry Leonard

Date **12-27-10**

Daytime Phone # **863-465-7297**

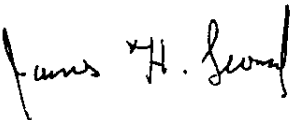
Typed or printed name of signing Managing Member/Manager **James Henry Leonard**

T. Hampton JAN - 5 2011

JAMES HENRY LEONARD
3017 MORNING GLORY DRIVE
LAKE PLACID, FLORIDA 33852

This is to affirm that I, James Henry Leonard, am the sole owner of Leonard Masonry, LLC, and own 100% of the business.

Sincerely,

 12/27/10
JAMES HENRY LEONARD