



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 AM 8:34

DOCUMENT # L05000017231 1. Entity Name GREG JAMESON MASONRY COMPANY, LLC					
Principal Place of Business 479 N SUNDANCE DR LAKE MARY, FL 32746		Mailing Address 479 N SUNDANCE DR LAKE MARY, FL 32746			
2. Principal Place of Business 479 N. SUNDANCE DR Suite, Apt. #, etc.		3. Mailing Address 479 N. SUNDANCE DR Suite, Apt. #, etc.			
City & State LAKE MARY, FL.		City & State LAKE MARY, FL.		4. FEI Number 10102006 REIN-LLC CR2E101 (11/05)	
Zip 32746		Country SEMINOLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMESON, GREGORY O 479 N SUNDANCE DR LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name N/A 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. GREGORY OWEN JAMESON AS ITS SIGNATURE Gregory Owen Jameson - PRESIDENT NOV. 24, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY O JAMESON 479 N SUNDANCE DR LAKE MARY, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082211735 12/01/06--01050--002 **155.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Gregory Owen Jameson GREGORY OWEN JAMESON (407)619-0209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> NOV. 24, 2006 <small>Date</small> NOV. 24, 2006 <small>Daytime Phone #</small>					