

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000013218

Entity Name: G & H MASONRY "LLC"

FILED  
Jun 01, 2008  
Secretary of State

**Current Principal Place of Business:**

4642 S.W. 80TH WAY  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

4642 S.W. 80TH WAY  
LAKE BUTLER, FL 32054

**New Mailing Address:**

FEI Number: 51-0565617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOWELL, GREGORY A  
4642 S.W. 80TH WAY  
LAKE BUTLER, FL 32054      US

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: GREGORY A. HOWELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOWELL, GREGORY A  
Address: 305 S.W. LOTTIE COURT  
City-St-Zip: LAKE CITY, FL 32024

Title: MGR      ( ) Delete  
Name: GAYHEART, STEVEN B  
Address: 4642 S.W. 80TH WAY  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 A. HOWELL

MRG

06/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date