2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000086731

Entity Name: MASON CRABTREE STONEWORKS, LLC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1243 FRUIT COVE N 1439-1 FRUIT COVE RD., N JACKSONVILLE, FL, 32259 SAINT JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

1243 FRUIT COVE N 1439-1 FRUIT COVE RD., N JACKSONVILLE, FL, 32259 SAINT JOHNS, FL 32259

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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:

CRABTREE, MASON R CRABTREE, MASON R 1243 FRUIT COVE N 1439-1FRUIT COVE RD.,N JACKSONVILLE, FL 32259 US SAINT JOHNS, FL 32259 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: MASON R CRABTREE 04/08/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete CRABTREE, MASON R CRABTREE, MASON R Name: Name: Address: 1243 FRUIT COVE N Address: 1439-1 FRUIT COVE RD.,N

City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: SAINT JOHNS, FL 32259

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: MASON R CRABTREE **MGRM** 04/08/2009