

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM-9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112005 REIN-P CR2E098 (6/04)

DOCUMENT # M78775	
1. Entity Name ACCURATE MASONRY, INC.	



Principal Place of Business 928 BAER AVENUE PORT CHARLOTTE, FL 33948 US	Mailing Address 928 BAER AVENUE PORT CHARLOTTE, FL 33948 US
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SEE CHANGE BELOW

2. Principal Place of Business 925 BAER AVE P.C. FLA	3. Mailing Address 925 BAER AVE, P.C. FLA.
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City & State PORT CHARLOTTE FLA	City & State PORT CHARLOTTE, FLA.
Zip 33948	Zip 33948
Country USA	Country USA

6. Name and Address of Current Registered Agent CAMPOS, BOB JOE 925 BAER AVE PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE: Bob Joe Campos DATE: 10-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPOS, BOB JOE 925 BAER AVENUE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060635234 10/14/05--01072--022 **158.75 <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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Joe Campos BOB JOE CAMPOS DATE: 10-11-05 DAYTIME PHONE #: 941-625-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/05