2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P0000016659 1. Entity Name A & G MASONRY, INC.												
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Principal Place of Business Mailing Address									$^{\prime o}\mathcal{J}_{\mathcal{E}_{\mathcal{F}}}}}}}}}}$	· ·	41	
304 NW 2ND STREET 304 NW 2ND STREET									ζ.	Plan	Par T	
POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060										RID	Ç.	
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Principal Place of Business 3. Mailing Address												
Suite Act # etc												
Suite, Apt. #, etc. 5 Suite, Apt. #, etc.								11222005	REIN-P	CR2EC	098 (6/04)	
City & Stat	e		City & State			4. FEI Numbe	9r		- A	pplied For		
								65-098	3483		No	ot Applicable
Zip	Country		1	Zip C		Country		5. Certificate	of Status Desired		\$8.75 Ac	
6. Name and Address of Current R				Registered Agent			7. Name and Address of New Registered Agent					
Name									11001000 0111001	103141010017	90.11	
BRYANT,						Street Address (P.O. Box Number is Not Acceptable)						
304 NW 21		₌Γ FL 33060				Street A	ooress (1	P.O. Box Numb	er is Not Acceptable	e)		
1 Own Max	DEACH,	1 L 33000			l							
						City					Zip Cod	le
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the obligat	ions of regist	ered agent.	TREIL TOT LIFE	e purpose of changing its	eñiziei	eu onice o	registere	ed agent, or bo	in, in the State of Fi	orida. Tam 18	amıllar with,	, and accept
	160.	- B/							//-	28 -	211	
SIGNATURE.		or printed name of registere	ed agent and ti	itle if applicable. (NOTE	: Register	red Agent sign	éture require	ed when reinstating)	11 9	DATE	700	
						-						
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
									Corporation did	TIOL ISOSIVE	ule prior i	HOUGE.
IIILE	PD	OFFICERS	S AND DIR		11.		Υ	ADDITIONS/	CHANGES TO OFF			
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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.												
SIGNAT	URE: 🛂	SIGNATURE AND TVP	ED OR PRINT	ED NAME OF SIGNING OFFICER O	N CHREM	TOB		11-2	5-1105	<u> 95</u>	Y-18	1-9580
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