2005 FOR PROFIT CORPORATION

| REINSTATEMENT  |   |                                  |         |  |  |                                       |                        |                |                    |          |
|--|---|----------------------------------|---------|--|--|---------------------------------------|------------------------|----------------|--------------------|----------|
| DOCUMENT # P00000081744  |   |                                  |         |  |  |                                       | j                      |                |                    |          |
| 1. Entity Name   |   |                                  |         |  | i.   |                                       |                        |                |                    |          |
| PALMETTO MASONRY CORP.   |   |                                  |         | 0.5  | JUL -7 Ai  | 19:3/                                 |                        |                |                    |          |
|  |   |                                  |         |  | 0.   | , <b>002</b>                          | 15.75 E                |                |                    |          |
| Principal Place of Business Mailing Address  |   |                                  |         |  | J  | CHINARY ST                            | . 544TL<br>ELGGBA      |                |                    |          |
| ,  | 9TH TERRACE   | 7320 NW 169TH TERRA              | K.      | o Jid  | LTHT   | ( ) · · · · · · · · · · · · · · · · · | _                      |                |                    |          |
| HIALEAH, FL 33015  |   | HIALEAH, FL 33015                | ŭ       |  |  |                                       |                        |                |                    |          |
|  |   |                                  |         |  | 1                                  | II BOM BOM OTM ÉDM DOM                |                        |                |                    |          |
| 2. Principal P   | lace of Business  | 3. Mailing Address               |         |  | -  |                                       |                        |                |                    |          |
|  |   | P. O. Box 1. Suite, Apt. #, etc. | 51      |  |  |                                       |                        |                | 4                  |          |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.              |         |  | 05202005   | O TENTER                              | (6/1                   | 04) /          | \U/U               | <b>)</b> |
| City & State   |   | City & State                     |         |  | OSAROURS REINE ENTERPOR (6/04) AU OSAROURS REINE ENTERPORTE (Applied For |                                       |                        |                |                    |          |
| 0.1, a 0.10.   | v   | HIALEAH, FL                      |         |  | 65-1036387   |                                       |                        | Not Applicable |                    |          |
| Zip  | Country   | Zip                              | _Coun   |  | 5. Certificate   | of Status Desired                     | <sub>□</sub> \$8.75    |                | onal               |          |
|  |   |                                  | W/4/    | MI-DADE  |  |                                       | Fee Rec                | juired         |                    |          |
|  | 6. Name and Address of Current F  |                                  | Name    | 7. Name an   | d'Address of New R   | egistered Agent -                     |                        |                |                    |          |
| HERNANDEZ, GRISEL  |   |                                  |         |  |  |                                       |                        |                |                    |          |
| 7320 NW 169TH TERRACE  |   |                                  |         | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                        |                |                    |          |
| HIALEAH, FL 33015  |   |                                  |         |  |  |                                       |                        |                |                    |          |
|  |   |                                  |         | City   |  |                                       | Zip I                  | Code           |                    |          |
| ·  | 1   | /                                |         | <u> </u>   |  |                                       | <u> </u>               |                |                    |          |
| 8. The above named entry submits ma 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.   |   |                                  |         |  |  |                                       |                        |                |                    |          |
| 19 24  |   |                                  |         |  |  |                                       |                        |                |                    |          |
| SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                                  |         |  |  |                                       |                        |                |                    |          |
|  |   |                                  |         |  |  |                                       |                        |                |                    |          |
| E 11   | LE NOW!!! FEE IS \$900.00   |                                  |         |  |  |                                       |                        |                | į                  |          |
| •••  |   |                                  |         |  |  | İ                                     |                        |                |                    |          |
| 10.  | OFFICERS AND I  | DIRECTORS                        | 11.     |  | ADDITIONS  | /CHANGES TO OFF                       | ICERS AND DIRECT       | rors II        | N 11               |          |
| TITLE  | PVST  | ☐ Delete                         | TITLE   | l l  |  |                                       | ☐ Chai                 | ige            | Addition           |          |
| NAME<br>STREET ADORESS   | HERNANDEZ, RAMIRO<br>7320 NW 169TH TERRACE  |                                  |         | ET ADORESS   |  |                                       |                        |                |                    |          |
| CtTY-ST-ZIP  | HIALEAH, FL 33015   |                                  |         | -ST-ZIP  | <u></u>  | <u> (၂၂၂၂</u> 55                      | 56736                  | 5              | ŀ                  |          |
| TITLE  | D   | ☐ Delete                         | TITLE   | E  | Ub/  | <del>27/05010</del> 2                 | 3004 □ 磁               |                | <b>J</b> iaddition |          |
| NAME   | HERNANDEZ, RAMIRO   |                                  | NAM     | l l  |  |                                       |                        |                | İ                  |          |
| STREET AODRESS CITY-ST-ZIP   | 7320 NW 169TH TERRACE<br>HIALEAH, FL 33015  |                                  |         | ET ADDRESS<br>-St-zip                              |  |                                       |                        |                |                    |          |
| TITLE  | THALLAH, TE 33013   | Delete                           | -THFE   |  |  |                                       | ☐ Chai                 | nce            | Addition           |          |
| NAME   |   |                                  | NAM     | I  |  |                                       |                        |                |                    |          |
| STREET ADDRESS   | •   |                                  | •       | ET ADDRESS   |  |                                       |                        |                |                    |          |
| CITY-ST-ZIP  |   | <del></del>                      | ╂       | -ST-ZIP  |  |                                       |                        |                | -                  |          |
| TITLE<br>NAME  |   | ☐ Delete                         | TITLE   | -  |  |                                       | ☐ Cha                  | ige            | ☐ Addition         |          |
| STREET ADDRESS   | 1   |                                  |         | ET ADDRESS   |  |                                       |                        |                |                    |          |
| CITY-ST-ZIP  |   |                                  | CITY    | -ST-ZIP  |  |                                       |                        |                |                    |          |
| TITLE  |   | ☐ Delete                         | TITL    | · I  |  |                                       | ☐ Cha                  | nge            | ☐ Addition         |          |
| NAME   |   |                                  | NAM     | l l  |  |                                       |                        |                |                    |          |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                  |         | ET ADDRESS<br>-ST-ZIP                              |  |                                       |                        |                | l                  |          |
| TITLE  |   | □ Delete                         | TITLE   |  |  |                                       | ☐ Chai                 | nge I          | ☐ Addition         |          |
| NAME   |   |                                  | NAM     | l l  |  |                                       |                        | •-             |                    |          |
| STREET ADDRESS   |   |                                  |         | EET ADDRESS  |  |                                       |                        |                |                    |          |
| CITY-ST-ZIP  | <u> </u>  |                                  | .L      | '-\$T-ZIP  |  |                                       |                        |                |                    |          |
| indicated  | certify that the information supplied with<br>ton this report or supplemental report is | true and accurate and that my    | y signa | iture shall have the                               | e same legal effe  | ect as if made under                  | oath; that I am an of  | ficer 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: PRESIDENT 06/22/05 305-710-2117 SIGNATURE PROTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Description  Descript |   |                                  |         |  |  |                                       |                        |                |                    |          |
| SIGNAT   | URE: // SIGNATURE AND TYPE TO DE  | PINTED NAME OF SIGNING OFFICER O | R DIREC | 'RESIDE!   | VT (   | 0 6/22/05                             | 203.710-<br>Davume Pro | <u>الم</u>     |                    | Λ.       |
| 1  |   |                                  |         |  |  |                                       |                        |                |                    |          |