

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000081744

1. Entity Name
PALMETTO MASONRY CORP.



05 JUL -7 AM 9:37

Principal Place of Business
7320 NW 169TH TERRACE
HIALEAH, FL 33015

Mailing Address
7320 NW 169TH TERRACE
HIALEAH, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL

Zip

Country

Zip

Country

33002

MIAMI-DADE



REINSTATEMENT (6/04)

65-1036387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, GRISEL
7320 NW 169TH TERRACE
HIALEAH, FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/05/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HERNANDEZ, RAMIRO
7320 NW 169TH TERRACE
HIALEAH, FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500056587365
06/27/05--01028--004

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
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HERNANDEZ, RAMIRO
7320 NW 169TH TERRACE
HIALEAH, FL 33015

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CITY-ST-ZIP

☐ Change ☐ 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:

RAMIRO HERNANDEZ

PRESIDENT

06/22/05

305-710-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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