

\$660.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000 116367

1. Corporation Name  
MY DESTINY MASONRY INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR -8 AM 11:20

**REINSTATEMENT** 01-04

2. Principal Office Address  
10984 Park Ridge Gotha Rd  
Suite, Apt. #, etc.

3. Mailing Office Address  
  
Suite, Apt. #, etc.

City & State  
Windermere  
Zip 34786 Country

City & State  
FL  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida December 21/2000  
5. FEI Number 59-3687086 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Armando Torres  
Street Address (P.O. Box Number is Not Acceptable) 10984 Park Ridge Gotha Rd  
Suite, Apt. #, Etc.  
City Windermere State FL Zip Code 34786

MRS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  
Signature of Registered Agent [Signature] Armando Torres Date 04/7/04  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Armando Torres	10984 Park Ridge Gotha Rd	Windermere FL 34786

300032204739  
04/08/04--01026--018 \*\*661.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #