

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000116367

1. Entity Name
MY DESTINY MASONRY & CUSTOM HOMES INC.



FILED

05 NOV 23 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10984 PARK RIDGE GOTH RD
WINDERMERE, FL 34786

Mailing Address
10984 PARK RIDGE GOTH RD
WINDERMERE, FL 34786

2. Principal Place of Business
5521 Palm lake Cr
Suite, Apt. #, etc.

3. Mailing Address
5521 Palm lake Cr
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando

Zip
32819
Country
Orange

Zip
FL
Country
32819

4. FEI Number
59-3687086

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

TORRES, ARMANDO
10984 PARK RIDGE GOTH RD
WINDERMERE, FL 34786

Name
TORRES Armando
Street Address (P.O. Box Number is Not Acceptable)
5521 Palm Lake Circle
City
Orlando FL Zip Code
32819

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 Armando Torres

11/15/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS TORRES, ARMANDO
CITY-ST-ZIP 10984 PARK RIDGE GOTH RD
WINDERMERE, FL 34786

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CITY-ST-ZIP

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: Armando Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/05 (321) 695-3989

Date

Daytime Phone #