CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -4 PM 2:40

DOCUMENT # P01000032493

1. Corporation Name
Walter Britt Masonry, Inc.

200022673732
09/09/03--01084--023 **150.00

REINSTATEMENT 02-03
8/09/03 01072 008 #150

2. Principal Office Address	3. Mailing Office Address
10008 N 52nd St	PO Box 16278
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Tampa Fl.	City & State: Tampa Fl.
Zip: 33617 County: Hillsborough	Zip: 33617 County: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 3/29/2001

5. FEI Number: 59-3707600 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Barbara C. Britt 200022673732

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

Suite, Apt. #, Etc.: 10008 N 52nd St.

City: Tampa State: FL Zip Code: 33617

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: Barbara Britt Date: 9/4/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pd	Walter Britt	10008 N 52nd St.	Tampa Fl 33617
VP	Jannette Britt	10008 N. 52nd St.	Tampa Fl 33617
SID	Barbara Britt	10008 N. 52nd St.	Tampa Fl 33617

10. I certify that I am an officer or director of 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: Barbara C. Britt 9/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER BRITT MASONRY, INC.
P.O. BOX 16278
TAMPA, FLORIDA 33617

DIVISION OF CORPORATIONS

ATTN: REINSTATEMENTS

I HAVE HAD BREAST CANCER AND HAVE NOT BEEN ABLE TO KEEP UP WITH THE REPORT AS WAS NEEDED. DID NOT RECEIVED ANNUAL REPORT FOR 2002.

THANK YOU,

WALTER BRITT MASORNY, INC.

Barbara C. Britt

BARBARA C BRITT

corporation number p01000033493