

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000089321 1. Entity Name WILLIAMS MASONRY, INC.						FILED 06 OCT 18 2006 4:51 SEC TALLAHASSEE		
Principal Place of Business 1044 NE 96TH AVE . OKEECHOBEE, FL 34972		Mailing Address 1044 NE 96TH AVE . OKEECHOBEE, FL 34972						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State		4. FEI Number 65-1118220		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent WILLIAMS, CHARLES G 1044 NE 96TH AVE . OKEECHOBEE, FL 34972				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				
WILLIAMS, CHARLES G 1044 NE 96TH AVE . OKEECHOBEE, FL 34972				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 <u>Charles G Williams</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILLIAMS, CHARLES G 1044 NE 96TH AVE . OKEECHOBEE, FL 34972			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20080870802 10/18/06--01029--021 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Charles G Williams</u> 10-17-06 863-634-0932 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>								