

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000007723

1. Entity Name
THE MASONRY TEAM, INC.



Principal Place of Business
36 ELDER DR
PALM COAST, FL 32164

Mailing Address
36 ELDER DR
PALM COAST, FL 32164

2. Principal Place of Business - No P.O. Box #
359 CHAMPION DR
Suite, Apt. #, etc.

3. Mailing Address
359 CHAMPION DR
Suite, Apt. #, etc.

City & State
DUBLIN GA
Zip
31021
Country

City & State
DUBLIN GA
Zip
31021
Country

01062009 REIN-P CR2E098 (1/07)

4. FEI Number
30-0048214
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUDER, MICHELE L
36 ELDER DR
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name
FRANK FLEISCHMAN
Street Address (P.O. Box Number is Not Acceptable)
101 BEAR BLVD
City
SAN MATEO FL Zip Code
32187

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]
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE
1/6/09

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
BAUDER, MICHELE L
1 WATERMILL PLACE
PALM COAST, FL 32164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FLEISCHMAN, FRANK L
101 BEAR BLVD
SAN MATEO, FL 32187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
359 CHAMPION DR
DUBLIN GA 31021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600144077246
02/20/09--01028--008 **300.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
JC 2/24

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/6/09 386-328-9098
Daytime Phone #

FILED
09 FEB 20 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

