
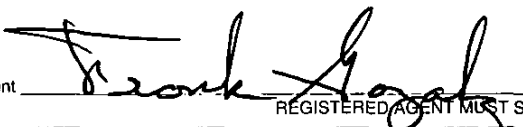
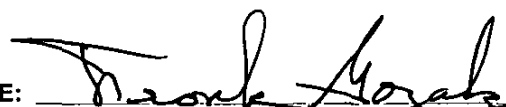


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000017274			
1. Corporation Name F & A MASONRY OF THE PALM BEACHES, INC.			
Principal Place of Business 3932 NOWATA RD LANTANA FL 33462		Mailing Address 3932 NOWATA RD LANTANA FL 33462	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 192 N.E. TUNISON AVE. Suite, Apt. #, etc. Port St. Lucie City & State Florida Zip 34983		3. New Mailing Office Address, If Applicable 192 N.E. TUNISON AVE. Suite, Apt. #, etc. Port St. Lucie City & State Florida Zip 34983	
4. Date Incorporated or Qualified To Do Business in Florida 02/14/2002		5. FEI Number 65-0995754	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
	PRESIDENT FRANK GONZALEZ	192 N.E. TUNISON AVE.	PT. ST. LUCIE, FL 34983
8. Name and Address of Current Registered Agent GONZALEZ, FRANK 3932 NOWATA RD LANTANA FL 33462		9. Name and Address of New Registered Agent Name FRANK GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 192 N.E. TUNISON AVE. Suite, Apt. #, Etc. PORT SAINT LUCIE City State FL Zip Code 34983	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.			
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Date 02/22/06	
11. 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: 		FRANK GONZALEZ 02/22/06 Date 561-248-3525	