


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000064719		
1. Entity Name FRED CLAAS MASONRY & POOL PLASTERING, INC.		

FILED
07 OCT 11 AM 9:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1724 STEWART PL MELBOURNE, FL 32935	Mailing Address 1724 STEWART PL MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10052007 REIN-FL 2008 (1/07)

REINSTATEMENT 02

4. FEI Number
47-0881754

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

6. Name and Address of Current Registered Agent	
MILLER, ALLEN 2087-A SARNO RD MELBOURNE, FL 32935	

7. Name and Address of New Registered Agent	
Name MILLER AND CARUSO LLC	
Street Address (P.O. Box Number is Not Acceptable) 486 n harbor city blvd	
MELBOURNE, FL 32935	
City	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.

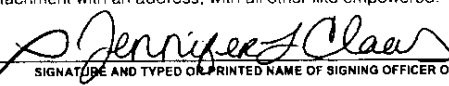
SIGNATURE:  DATE: 10/05/07

NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRED, CLAAS 1724 STEWART PL MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110609921 10/11/07--01006--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JENNIFER, CLAAS 1724 STEWART PL MELBOURNE, FL 32935 <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

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:  DATE: 10/05/2007 321-259-7704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR