

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 15 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-00



01242006 REIN-P CR2E098 (11/05)

DOCUMENT # P02000101805			
1. Entity Name ABSOLUTE CONSTRUCTION & MASONRY, INC.			
Principal Place of Business 547 CARRIGAN AVE OVIEDO, FL 32765		Mailing Address 547 CARRIGAN AVE OVIEDO, FL 32765	
2. Principal Place of Business		3. Mailing Address 660 FERNE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LONGWOOD, FL	
Zip	Country	Zip 32779	Country USA

6. Name and Address of Current Registered Agent CLARK, WARREN 547 CARRIGAN AVE OVIEDO, FL 32765		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	CLARK, WARREN
NAME	CLARK, WARREN	NAME	660 FERNE DRIVE
STREET ADDRESS	547 CARRIGAN AVE	STREET ADDRESS	LONGWOOD, FL 32779
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

ABSOLUTE CONSTRUCTION & MASONRY, INC.
660 FERNE DRIVE
LONGWOOD, FL 32779

SUBJECT: ABSOLUTE CONSTRUCTION & MASONRY, INC.
Ref. Number: P02000101805

We have received your document for ABSOLUTE CONSTRUCTION & MASONRY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 506A00008030.