

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 DEC -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000107211

1. Corporation Name

GILL MASONRY INC.

2. Principal Office Address

2929 NW 68 TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

2929 N.W. 68 TERR

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

MARGATE FL

Zip

Country

33063

BROWARD

Zip

Country

33063

BROWARD

600082204306
12/01/06--01023--016 **600.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10-3-2002

5. FEI Number

06-1651580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MYOS FINANCIAL GROUP, INC.

Street Address (P.O. Box Number is Not Acceptable)

2853 EXECUTIVE PARK DR.

Suite, Apt. #, Etc.

SUITE 105

City

WESTON

State

FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/28/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	GILLES P. COURNOYER	2929 NW 68 TERR	MARGATE, FL 33063

REINSTATEMENT

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10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Gilles P. Cournoyer

Date

11/28/06

Daytime Phone #

344-3399

202

November 28, 2006

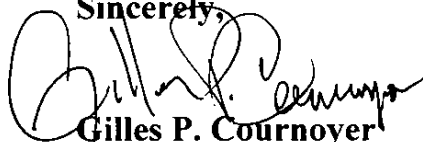
**FLORIDA DIVISION OF CORPORATION
RE-INSTATEMENT DIVISION**

RE: GILLS MASONARY, INC

To Whom It May Concern:

This letter is to certify that we did not receive a notification or annual report notices of the years in questions. We ask for consideration in waving the reinstatement fee. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Gilles P. Cournoyer", is written over the printed name.

**Gilles P. Cournoyer
President/Director**