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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -3 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000116950

1. Corporation Name
L E J MASONRY INC

2. Principal Office Address
1701 BOSTON AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. PIERCE FL

City & State

Zip Country
34950 ST. LUCIE

Zip Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida 10 28 02
5. FEI Number 16-1636520 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 LIONEL LAZAMA 000035259040 05/03/04--01052--006 **10.00
Street Address (P.O. Box Number is Not Acceptable) 1701 BOSTON AVE 000035259040 05/03/04--01052--007 **10.00
Suite, Apt. #, Etc.
City FT. PIERCE FL State FL Zip Code 34950

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 X Lionel Lazama Date 4/22/04
REGISTERED AGENT MUST SIGN

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
DIR PRES	LIONEL LAZAMA	1701 BOSTON AVE	FT. PIERCE FL 34950
DIR VP	JESUS MORAN	602 EMEL AVE	FT. PIERCE FL 34982

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 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: X Lionel Lazama 4/20/04 772-216-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (01/04)

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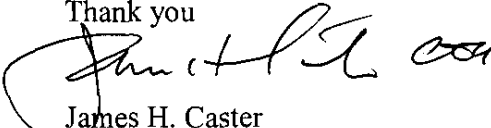
April 23, 2004

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

RE: L & J Masonry, Inc.

The corporation did not receive the renewal notice last year and as a result the administrative dissolution procedures for non filing of the annual report were Instituted. The corporation shareholders speak very little English and were unaware of the requirement. We are asking that you reinstate the corporation and the required \$150 is enclosed. We have not been able to download the current year form and are including another \$150 check for the payment due May 1, 2004.

Thank you



James H. Caster
772 567 2128