

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED *RS 1 of 2*

04 NOV -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000048099	
1. Entity Name LEON GRAHAM MASONRY, INC.	

Principal Place of Business 7576 JOHN F KENNEDY DRIVE EAST JACKSONVILLE, FL 32219	Mailing Address 7576 JOHN F KENNEDY DRIVE EAST JACKSONVILLE, FL 32219
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11012004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent GRAHAM, LEON 7576 JOHN F KENNEDY DRIVE EAST JACKSONVILLE, FL 32219		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	REINSTATEMENT
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, LEON 7576 JOHN F KENNEDY DRIVE EAST JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042520799 11/05/04--01038--018 **150.00
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
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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 exemption stated in Section 119.07(3)(i), 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: *Leon Graham* 11/2/04 (904) 860-9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE SEE ATTACHED letter. Notice was not received.

PS 2072

Leon Graham Masonry, Inc
7576 John F. Kennedy Drive E
Jacksonville, Florida 32219

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 1, 2004

To State of Florida Office of Corporations:

Enclosed in a check for \$150.00 for my Annual Report for 2004 and a copy of an application for reinstatement. Please reinstate my corporation. I did not receive the Annual Report Notice for 2004.

Signed Leon Graham
Leon Graham