


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000091633	
1. Entity Name A P & SONS MASONRY SERVICE INCORPORATED	

Principal Place of Business 4747 HUNTERS GREEN DRIVE FT. MYERS, FL 33905 US	Mailing Address 4747 HUNTERS GREEN DRIVE FT. MYERS, FL 33905 US
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FILED
06 JUL 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Florida	3. Mailing Address 13040 Mullins Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Myers Flo.	City & State Ft. Myers Flo.
Zip 33913	Zip 33913
Country Lee	Country Lee

06092005 REIN-P CR2E098 (6/05) 09-06

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TAYLOR, CHARLES F 3257-1 PRINCE EDWARD ISLE FT. MYERS, FL 33907

7. Name and Address of New Registered Agent Name Aniceto Perez Street Address (P.O. Box Number is Not Acceptable) 13040 Mullins Ln. City Ft Myers FL Zip Code 33913
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ANICETO 820 TARPON STREET FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300058591799 08/15/05--01061--001 ***908.75
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
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
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
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
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: Aniceto Perez 8-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr