

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000113476

1. Entity Name
JEREMY VARGAS MASONRY, INC.



Principal Place of Business
7811 OAK FOREST DR
PENSACOLA, FL 32514

Mailing Address
7811 OAK FOREST DR
PENSACOLA, FL 32514

2. Principal Place of Business
2548 HOUSTON CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
2548 HOUSTON CIRCLE
Suite, Apt. #, etc.

City & State
NAVARRE FL
Zip 32566 Country US

City & State
NAVARRE FL
Zip 32566 Country US

4. FEI Number
75-3137020

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, JEREMY
7811 OAK FOREST DR
PENSACOLA, FL 32514

7. Name and Address of New Registered Agent

Name

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

2548 HOUSTON CIRCLE

City NAVARRE

FL

Zip Code 32566

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 \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PST
NAME VARGAS, JEREMY
STREET ADDRESS 7811 OAK FOREST DR
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2548 HOUSTON CIRCLE
CITY-ST-ZIP NAVARRE FL 32566

TITLE
NAME
STREET ADDRESS 800043213138
CITY-ST-ZIP 12/06/04--01047--007 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JEREMY VARGAS

11-11-04

Date

Daytime Phone #