

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000130824 1. Entity Name PHILLIP SIMMONS MASONRY INC				 <div style="text-align: right;"> FILED 05 JAN 19 PM 6:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 2599 EDMUND CIRCLE AUBURNDALE, FL 33823 US		Mailing Address 2599 EDMUND CIRCLE AUBURNDALE, FL 33823 US			
2. Principal Place of Business 136 QUAILWOOD DR. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2218 Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL.		City & State AUBURNDALE, FL.		4. FEI Number 20-0333684	
Zip 33880		Country USA		Zip 33823	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SIMMONS, PHILLIP 2599 EDMUND CIRCLE AUBURNDALE, FL 33823				7. Name and Address of New Registered Agent Name PHILLIP SIMMONS Street Address (P.O. Box Number is Not Acceptable) 136 QUAILWOOD DR. City WINTER HAVEN FL 33880	
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: <i>Phillip Simmons</i> 1-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SIMMONS, PHILLIP PO BOX 2218 AUBURNDALE, FL 33823		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 TREA SIMMONS, PHILLIP PO BOX 2218 AUBURNDALE, FL 33823		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000044977-10 01/19/05--01006--011 ***300.00	
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	
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: <i>Phillip Simmons</i> PHILLIP SIMMONS 1-13-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRES <small>Date</small> <small>Daytime Phone #</small>					