2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000135038

LANDRUM, MICHAEL

PENSACOLA, FL 32505

2719 W. BOBE ST.

Name:

Address:

City-St-Zip:

Entity Name: WESLEY'S MASONRY CONSTRUCTION, INC.

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2719 W. BOBE ST. PENSACOLA, FL 32505 **Current Mailing Address: New Mailing Address:** 2719 W. BOBE ST. PENSACOLA, FL 32505 FEI Number: 20-0401122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESLEY, RONNIE 2719 W. BOBE ST. PENSACOLA, FL 32505 US 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. SIGNATURE: RONNIE WESLEY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WESLEY, RONNIE Name: Name: 2719 W. BOBE ST. Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: VD Title: () Delete () Change () Addition MCINTYRE, LEROY Name: Name: 2719 W. BOBE ST. Address: Address: PENSACOLA, FL 32505 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition WESLEY, KENNETH Name: Name: 2719 W. BOBE ST. Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RONNIE WESLEY PD 03/05/2007