


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000150682		
1. Entity Name LEE'S MASONRY, INC.		

FILED

06 JAN 31 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1119 N.W. 13 COURT FORT LAUDERDALE, FL 33311	Mailing Address 1119 N.W. 13 COURT FORT LAUDERDALE, FL 33311
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2. Principal Place of Business Lee's Masonry Inc. Suite, Apt. #, etc. 4626 NW 8 Lane City & State Ft. Lauderdale Fl. Zip 33309 Country US	3. Mailing Address Levern McMillan Suite, Apt. #, etc. 1119 N.W. 13 Ct. City & State Ft. Lauderdale Fl. Zip 33311 Country US
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10212005 REIN-P CR2E098 (6/04)

4. FEI Number 200479259	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCMILLAN, LEVERN 1119 N.W. 13 COURT FORT LAUDERDALE, FL 33311
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7. Name and Address of New Registered Agent Name Levern McMillan Street Address (P.O. Box Number is Not Acceptable) 1119 N.W. 13 Court City & State Ft. Lauderdale FL Zip Code 33311
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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 Levern McMillan Signature, typed or printed name of registered agent and title if applicable.	DATE 1-28-06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	158.75
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, LEVERN 1119 N.W. 13 COURT FORT LAUDERDALE, FL 33311 <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	OWNER, Lee's Masonry 1119 N.W. 13 Ct Ft Lauderdale Fl. 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	08-08-05 90045 007 \$150.00 08-23-05 90013 008 \$8.75 <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	700065570067 02/10/06--01026--006--\$158.75 <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: Levern McMillan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1-28-06 Daytime Phone #

Jan. 28 - 06

Dear Sir

I am Requesting That my Late Fee be
Waived due to The Fact I did NOT Receive a Notice
UNTIL after May 1-05

I've already Spoke With Some one in your
Office. ON This is The Way They Said
to Handle This.

Now I'm Sending IN my Fees For 06

I'm Sorry this got out of hand. But
Now That I know I will Send it
Whether I get a ~~\$~~ Notice or not

Thank you
Levern McMillan