

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000023717

1. Entity Name

GILBERT JOHNSON MASONRY, INC.



FILED

2007 JUN 26 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06202007 REIN-P CR2E098 (1/07)

Principal Place of Business
735 FAIRLAWN DRIVE
ORANGE CITY, FL 32763

Mailing Address
735 FAIRLAWN DRIVE
ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #

4679 17th Ave South

3. Mailing Address

4679 17th Ave South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

68-0578365

Applied For

Not Applicable

Zip

33711

Country

Pinellas

Zip

33711

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, GILBERT
735 FAIRLAWN DRIVE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$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 D
NAME JOHNSON, GILBERT ☒ Delete
STREET ADDRESS 735 FAIRLAWN DRIVE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Owner ☒ Change ☐ Addition
NAME Gilbert Johnson
STREET ADDRESS 4679 17th Ave South
CITY-ST-ZIP St. Petersburg FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Gilbert Johnson

Date

Daytime Phone #

624 07

6/26/07