

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000064267

1. Entity Name
BZD MASONRY INC



FILED

2008 NOV -3 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10325 KERCHCHERR AVENUE
HASTINGS, FL 32145

Mailing Address
10325 KERCHCHERR AVENUE
HASTINGS, FL 32145

2. Principal Place of Business - No P.O. Box #
256 Dusty Rd.
Suite, Apt. #, etc.

3. Mailing Address
256 Dusty Rd.
Suite, Apt. #, etc.

10302008 REIN-P CR2E098 (1/07)

City & State
St. Augustine, FL
Zip 32095 Country

City & State
St. Augustine, FL
Zip 32095 Country

4. FEI Number
20-1013222
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DILULLO, BLAKE Z
10325 KERCHCHERR AVENUE
HASTINGS, FL 32145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
256 Dusty Rd.
City St. Augustine FL Zip Code 32095

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 *Blake Z Dilullo*

oct 30 - 08

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, 2009, 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	P	<input checked="" type="checkbox"/> Delete
NAME	DILULLO, BLAME Z	
STREET ADDRESS	10325 KERCHCHERR AVENUE	
CITY-ST-ZIP	HASTINGS, FL 32145	
TITLE	P	<input type="checkbox"/> Delete
NAME	DILULLO, BLAKE Z	
STREET ADDRESS	10325 KEROCHERRY AVE	
CITY-ST-ZIP	HASTINGS, FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400137571624	
STREET ADDRESS	11/03/08--01003--020 **158.75	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	256 Dusty Rd.	
STREET ADDRESS	St. Augustine, FL	
CITY-ST-ZIP	32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT
2008

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: *Blake Z Dilullo*

oct 30 - 08 / 904 / 824-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #