2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000102586

FILED Oct 28, 2005 Secretary of State

Entity Name: CENTRAL FLORIDA MASONRY CONTRACTORS INC

| Entity Nar | me: CENTRA | L FLORIDA MASONRY CONT | RACTORS, INC. | | |
|-----------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | COMBEE RD D, FL 33805 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | COMBEE RD D, FL 33805 | | | | |
| FEI Number: | : 74-3046963 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 1529 OLD | CATINA L COMBEE RD D, FL 33805 | US | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: CATINA | SKIPPER | | | |
| | Electron | nic Signature of Registered Ago | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (SKIPPER, RON 1529 OLD CON LAKELAND, FL | /BEE RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST (SKIPPER, CAT 1529 OLD CON LAKELAND, FL | /BEE RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CATINA SKIPPER ST 10/28/2005