2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 AM 8:30

DOCUMENT # P04000107723

1. Entity Name
JAY'S MASONRY, INC.

Principal Place of Business	Mailing Address
~~15461 LOGSDON SRREET~~ ~~NORTH PORT, FL~~	~~15461 LOGSDON SRREET~~ ~~NORTH PORT, FL~~

11102005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
7615 SW RIVER ST	P.O. BOX 201
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT OGDEN FL	City & State: FORT OGDEN
Zip: 34269 Country: DESOTO	Zip: 34267 Country: DESOTO

4. FEI Number: 20-1681462 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPARULO, DAVID J
15461 LOGSDON SRREET
NORTH PORT, FL

7. Name and Address of New Registered Agent

Name: JEROME E. PETERSON
Street Address (P.O. Box Number is Not Acceptable): 7615 SW RIVER ST
City: FORT OGDEN FL Zip Code: 34269

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: Jerome Peterson
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, 2006, 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	PD	☐ Delete
NAME	PETERSON, JEROME E	
STREET ADDRESS	P.O. BOX 201	
CITY-ST-ZIP	FT. OGDON, FL 34267	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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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		☐ Change ☐ Addition
NAME	200061443132	
STREET ADDRESS	11/15/05--01060--006 **158.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 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: * Jerome Peterson 11/14/05 (941) 628-1541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #