

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

2005-2006

DOCUMENT # P04000151553

1. Entity Name  
URIBE MASONARY INC.



FILED

06 MAY 15 14:11:44

RECEIVED  
CLERK OF THE COURT  
JANUARY 1, 2006

Principal Place of Business

P.O. BOX 2154  
AUBURNDALE, FL 33823

Mailing Address

P.O. BOX 2154  
AUBURNDALE, FL 33823

2. Principal Place of Business

718 Sunset Ave.  
Apt. E  
Auburndale FL  
33823 Polk

3. Mailing Address

P.O. Box 2154  
Suite, Apt. #, etc.



05012006

REIN-P

CR2E098 (11/05)

05-06

City & State

Auburndale FL  
33823 Polk

City & State

Auburndale FL  
33823 Polk

4. FEI Number

56-2488635

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102

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 URIBE, JOSE L  
STREET ADDRESS P.O. BOX 2154  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: Jose Luis Uribe Jose Luis Uribe

Date

5-11-06

Daytime Phone

863-412-2197  
863-412-2002  
863-9681603

B. Mitchell MAY 18 2006