## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000069383

Name:

Address:

City-St-Zip:

COPELAND-GOULD, BRIDGETTE

1114 ARAINA BLVD

AUBURNDALE, FL 33833

FILED Jul 31, 2007 Secretary of State

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Entity Nar	me: SAM CO	PELAND MASONRY, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
1769 63RE ST PETER	TERR S SBURG, FL	33712			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1769 63RE ST PETER	TERR S SBURG, FL	33712			
FEI Number:	: 84-1678732	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:	
LOVETT, FOSTER CPA 400 E MLK BLVD STE 108 TAMPA, FL 33603 US			1238 ALCAŹAR WAY	CARNEGIE, KIRKLAND 1238 ALCAZAR WAY SOUTH SAINT PETERSBURG, FL 33705 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KIRKLAND CARNEGIE				07/31/2007	
	Electro	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( COPELAND, S 1769 63RD TE ST PETERSBU	RR S	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( COPELAND, E 1769 63RD TE ST PETERSBU	RR S	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T (	) Delete	Title:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: SAMUEL COPELAND PD 07/31/2007