

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000126535

1. Entity Name
A-PLUS BRICK, INC.



FILED

07 APR 16 PM 12:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



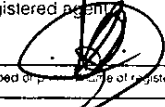
REINSTATEMENT 06-07

Principal Place of Business 3406 W GABLES CT TAMPA, FL 33609		Mailing Address 3406 W GABLES CT TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box # 10112 12TH WAY N.		3. Mailing Address 10112 12TH WAY N.	
Suite, Apt. #, etc 202		Suite, Apt. #, etc 202	
City & State ST. PETE., FL		City & State ST. PETE., FL	
Zip 33716	Country USA	Zip 33716	Country USA

4. FEI Number 20-3458302	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMES, LUCAS L 3406 W GABLES CT TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10112 12TH WAY N. # 202 City ST. PETE. FL Zip Code 33716
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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  PRESIDENT 04-14-07
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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOMES, LUCAS L 3406 W GABLES CT TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10112 12TH WAY N. # 202 ST. PETE., FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300098043913 04/24/07--01003--029 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PRESIDENT 04-14-07 813 8332716
Signature, typed or printed name of signing officer or director Date Daytime Phone #