

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000159016

Entity Name: MIKE BRY'S BRICK MASONRY INC.

FILED  
Nov 02, 2009  
Secretary of State

## Current Principal Place of Business:

2989 ALPACA AVE  
MIDDLEBURG, FL 32068

## New Principal Place of Business:

## Current Mailing Address:

2989 ALPACA AVE  
MIDDLEBURG, FL 32068

## New Mailing Address:

FEI Number: 13-4316488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIKE, BRY'S  
2989 ALPACA AVE  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: MIKE BRY'S

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRY'S, MIKE  
Address: 2989 ALPACA AVE.  
City-St-Zip: MIDDLEBURG, FL

Title: VP (X) Delete  
Name: RANGE, GEORGE  
Address: 1606 JACKSON STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S (X) Delete  
Name: ARNOLD, DWAYNE  
Address: 811 RUSHING STREET  
City-St-Zip: JACKSONVILLE, FL 32209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRY'S, MIKE  
Address: 2989 ALPACA AVE.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MIKE BRY'S

Electronic Signature of Signing Officer or Director

P

11/02/2009

Date