

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123284

FILED
Mar 25, 2009
Secretary of State

Entity Name: DOUBLE DRAGON MASONRY INC

Current Principal Place of Business:

806 E MASON AVE
APOPKA, FL 32703

New Principal Place of Business:

306 BREEZEWAY DRIVE
APOPKA, FL 32712

Current Mailing Address:

P O BOX 656
APOPKA, FL 32704

New Mailing Address:

FEI Number: 74-3190489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLONE, JEFFREY S
806 E MASON AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

STALLONE, JEFFREY S
306 BREEZEWAY DRIVE
APOPKA, FL 32712 US

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: JEFFREY S STALLONE

03/25/2009

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: STALLONE, JEFFREY S
Address: 806 E MASON AVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STALLONE, JEFFREY S
Address: 306 BREEZEWAY DRIVE
City-St-Zip: APOPKA, FL 32712

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: JEFFREY S STALLONE

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date