


1. Entity Name  
PESO MASONRY INC



09 JUL -7 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2300 SPRINGDALE BLVD APT 1-206 PALM SPRINGS, FL 33461		Mailing Address 2300 SPRINGDALE BLVD APT 1-206 PALM SPRINGS, FL 33461		TALLAHASSEE, FLORIDA																									
2. Principal Place of Business - No P.O. Box # 2849 Floweva St Suite, Apt. #, etc.		3. Mailing Address 2849 Floweva St Suite, Apt. #, etc.		 <b>REINSTATEMENT</b> 0701-0009 REINSTATEMENT 08-05																									
City & State W.P.B.		City & State W.P.B.		4. FEI Number 261426532																									
Zip 33406		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  GUTIERREZ, ROBERTO 2300 SPRINGDALE BLVD APT 1-206 PALM SPRINGS, FL 33461				7. Name and Address of New Registered Agent Name Roberto Gutierrez Street Address (P.O. Box Number is Not Acceptable) 2849 Floweva St City W.P.B. FL Zip Code 33406																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%;">P</td><td style="width:40%;">NAME</td><td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td>GUTIERREZ, ROBERTO</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>2300 SPRINGDALE BLVD</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td>PALM SPRINGS, FL 33461</td><td></td></tr></table>			TITLE	P	NAME	<input type="checkbox"/> Delete	NAME		GUTIERREZ, ROBERTO		STREET ADDRESS		2300 SPRINGDALE BLVD		CITY- ST- ZIP		PALM SPRINGS, FL 33461		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
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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: <u>Roberto</u> <span style="float: right;">07/2/2009 15615410148</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													