APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -4 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006022

1. Corporation Name

Cornerstone Masonry & Construction, Inc.
P.O. Box 162121
ALTAMONTE SPGS FL 32716-2121

000018568550
05/08/03--01065--017 **1058.75

REINSTATEMENT 01-03

2. Principal Office Address		3. Mailing Office Address	
1324 Vic Kay Ct.		P.O. Box 162121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Winter Garden, FL		Altamonte Spgs, FL	
Zip	Country	Zip	Country
34787-2156	USA	32716-2121	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3228544 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Buddy Graham

Street Address (P.O. Box Number is Not Acceptable): 1324 Vic Kay Court

Suite, Apt. #, Etc.:

City: Winter Garden | State: FL | Zip Code: 34787-2356

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Buddy Graham — REGISTERED AGENT MUST SIGN — Date: 4/2/2003

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Buddy Graham	1324 Vic Kay Ct	Winter Garden, FL 32787-2156
STD	Carole Graham	1324 Vic Kay Ct	Winter Garden, FL 32787-2156

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Buddy Graham — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/2/2003 Date — 407-468-9246 Daytime Phone #