PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P94000085806

1. Corporation Name

EAST COAST MASONRY, INC.

Principal Place of Business	Mailing Address
1408 NO KILLIAN DRIVE STE 210 LAKE PARK FL 33403 US	1408 NO KILLIAN DRIVE STE 210 LAKE PARK FL 33403 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT JR

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/1994

5. FEI Number: 65-0537147 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	CLOUTIER, GORDON	~~12700 185TH RD. N.~~ 18931 W. Sycamore Ln	~~JUPITER FL 33478~~ Loxahatchee FL 33470
~~D~~	~~SOMMERFELD, JAMES T~~	~~12730 185TH RD. N.~~	~~JUPITER FL 33478~~

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12/06/02--01053--011 **250.00

8. Name and Address of Current Registered Agent

~~SOMMERFELD, JAMES T~~ Gordon Cloutier
~~12730 185TH RD. N.~~ 18931
~~JUPITER FL 33478~~

9. Name and Address of New Registered Agent

Name: GORDON CLOUTIER
Street Address (P.O. Box Number is Not Acceptable): 1408 N. KILLIAN DR
Suite, Apt. #, Etc.: 210
City: LAKE PARK State: FL Zip Code: 33403

CR2E040 (6/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: X Gordon Cloutier Date: X 12/3/02

REGISTERED AGENT MUST SIGN

11. 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: X Gordon Cloutier 12/3/02 561-842-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR 12/10