


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000034584		
1. Entity Name KNIGHT MASONRY & CONCRETE, INC.		

06 JAN -3 PM 3:46

SEC. OF STATE
TALLAHASSEE, FLORIDA

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Principal Place of Business 3545 BEECHWOOD TERRACE PINELLAS PARK, FL 33781	Mailing Address 3545 BEECHWOOD TERRACE PINELLAS PARK, FL 33781
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2. Principal Place of Business 687 69th Avenue South Suite, Apt. #, etc.	3. Mailing Address 687 69th Avenue South Suite, Apt. #, etc.
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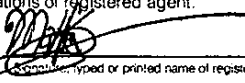
11022005 REIN-P CR2E098 (6/04)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33705	Zip 33705
Country Pinellas	Country Pinellas

4. FEI Number 59-3503193	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent KNIGHT, MARTY 3545 BEECHWOOD TERRACE PINELLAS PARK, FL 33781 687 69th Avenue South St. Petersburg, FL 33705	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	12/28/05 DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KNIGHT, MARTY 687 69th Avenue So. 3545 BEECHWOOD TERRACE PINELLAS PARK, FL 33781 St. Petersburg, FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000064017640 01/19/06--01009--006 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, MARTY 3545 BEECHWOOD TERRACE 687 69th Ave. So. PINELLAS PARK, FL 33781 St. Petersburg, FL 33705	TITLE 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 exemption stated in Section 119.07(3)(i), 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: 	12/28/05 927-580-9118 Date Daytime Phone #