

# 2005 FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000016217</b> 1. Entity Name <b>SKYLINE MASONRY, INC.</b>						<b>FILED</b> <b>05 JUL 18 AM 8:42</b> FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2950 SW 124 AVENUE DAVIE, FL 33330</b>				Mailing Address <b>2950 SW 124 AVENUE DAVIE, FL 33330</b>			
2. Principal Place of Business <b>3020 Rustlewood Ct</b>		3. Mailing Address <b>3020 Rustlewood Ct</b>		<b>REINSTATEMENT FEE \$308.75</b>			
Suite, Apt. #, etc. <b># Sebring</b>		Suite, Apt. #, etc. <b>Sebring</b>		4. FEI Number <b>65-0899724</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>FL</b>		City & State <b>FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Zip <b>33875</b>	
Country <b>USA</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>GERMAN, GLENN 2950 SW 124 AVENUE DAVIE, FL 33330</b>			
7. Name and Address of New Registered Agent Name <b>German, Glenn</b> Street Address (P.O. Box Number is Not Acceptable) <b>3020 Rustlewood Ct</b> City <b>Sebring</b> <b>FL</b> Zip Code <b>33875</b>				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 if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>7-11-05</b>			
<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.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b>	NAME <b>GERMAN, GLENN</b>			TITLE <b>D</b>	NAME <b>German, Glenn</b>		
STREET ADDRESS <b>2950 SW 124 AVENUE</b>	CITY-ST-ZIP <b>DAVIE, FL 33330</b>			STREET ADDRESS <b>3020 Rustlewood Ct</b>	CITY-ST-ZIP <b>Sebring FL 33875</b>		
<input checked="" type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP				TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP				TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP				TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP				TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or other like empowered.							
SIGNATURE:				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Glenn German</b>			
DATE <b>7-11-05</b>				DATE <b>7-11-05</b>			
DEPOSIT ONLY <b>308.75</b>				DEPOSIT ONLY <b>308.75</b>			