PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
16 MAR .4 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # 855900

1. Corporation Name

ATLANTIC ASPHALT & EQUIPMENT CO., INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
146 Railroad Street	146 Railroad Street Revere
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Revere, MA	City & State: Revere, MA
Zip: 02151 Country: USA	Zip: 02151 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/24/1983

5. FEI Number: 04-2518464 — 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

300282972623

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: _____ Courtney Williams, Asst. Vice President Date: 03.04.16

REGISTERED AGENT MUST SIGN

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
President	Colin J. Cash	146 Railroad Street	Revere, MA 02151
Vice President	Colin C. Cash	146 Railroad Street	Revere, MA 02151
Secretary	Jeanne C. Cash	146 Railroad Street	Revere, MA 02151
	REINSTATEMENT	MAR 04 2016	
		R. HUNT	

10. E-mail Address: annualreports@cscglobal.com (annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jeanne C. Cash Clerk/Dir 3/4/2016 800-543-3350

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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 045152 5172877

AUTHORIZATION :

COST LIMIT : $ 3,750.00

ORDER DATE : March 4, 2016

ORDER TIME : 4:05 PM

ORDER NO. : 045152-005

CUSTOMER NO: 5172877

REINSTATEMENT

NAME: ATLANTIC ASPHALT & EQUIPMENT CO., INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

MAR 04 2016

EXAMINER'S INITIALS R. HUNT