

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JAN -9 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L07000048256**

1. Entity Name  
**FLORIDA PAVERS & BRICK LLC**



Principal Place of Business  
**9120 SOUTH BAY DRIVE  
ORLANDO, FL 32819**

Mailing Address  
**9120 SOUTH BAY DRIVE  
ORLANDO, FL 32819**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11202008 REIN-LLC CR2E101 (1/07)



4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSME, ROLANDO  
9120 SOUTH BAY DRIVE  
ORLANDO, FL 32819**

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

Signature, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **President MBRM**  
STREET ADDRESS **Rolando Cosme**  
CITY-ST-ZIP **9120 South Bay Dr Orlando FL 32819**

Change  Addition  
**400138516194  
12/05/08--01040--001 +\$238.75**

TITLE  Delete  
NAME **MBRM**  
STREET ADDRESS **Cicero V Alencar**  
CITY-ST-ZIP **9120 South Bay Dr Orlando FL 32819**

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  Addition  
**REINSTATEMENT 08 AL**

TITLE  Delete

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Cicero V Alencar* **DEC 30 2008.**  
*Rolando Cosme* **NOV 21 2008.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #