

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 21 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PO1000002849**

1. Corporation Name

A & D PAVING, Inc.

2. Principal Office Address

13327 SW. 114 Court

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33176

Country

USA

3. Mailing Office Address

13327 SW. 114 Court

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33176

Country

USA

300021703943
07/21/03--01047--017 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 1, 2001

5. FEI Number

65-1066010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Elizabeth M. KORTH

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

7371 SW. 114 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

Elizabeth M. Korth
REGISTERED AGENT MUST SIGN

Date

7/17/03

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
P/O	OSCAR ALMAGUER	13327 SW. 114 CT	Miami FL 33176
S/T	ELIZABETH M. KORTH	7371 SW 114 PL.	Miami FL 33173
V	MIGUEL DROZCO	13327 SW 114 CT	Miami FL 33176

10. 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:

Elizabeth M. Korth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/03

Daytime Phone #

CRE081 (10/02)

2/22