PS 183

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056731

1. Corporation Name: Midwest Interlocking Pavers, INC

2. Principal Office Address	**3.** Mailing Office Address
4135 Burlington AVEN	2950 Central Ave REINSTATEMENT 08-04
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete, FL	City & State: St Petersburg, FL
Zip: 33713 Country: USA	Zip: 33712 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/01

5. FEI Number: 59-3541163 ☐ 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: Randy Craig

Street Address (P.O. Box Number is Not Acceptable): 6041 5th Ave N

200033033642
04/19/04--01068--010 **300.00

Suite, Apt. #, Etc.:

City: St. Pete | State: FL | Zip Code: 33710

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: Randy J Craig (REGISTERED AGENT MUST SIGN) Date: 3/16/04

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
Pres	Randy Craig	6041 5th Ave N	St. Pete FL 33710
V.Pres	Sherlynn Craig	"	"

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: Sherlynn Craig (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/16/04 (Date) 727 341 2880 (Daytime Phone #)

CR2E081 (10/02)

P5 2 9 3

Reinstatement Dept.
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL
32314

To whom it may concern:

Enclosed please find a check for $300.00 for reinstatement of our Corporation. Also, please accept my apologies for allowing this to lapse. We moved from the address you have on file (4135 Burlington Ave) over 1yr ago and our mail was no longer being forwarded + our tenant that was living in the home failed to give us any mail. Please understand that had I received the renewal I would have complied in the allotted amount of time. Please let me know what I need to do in order to have our business address changed. The new address is on the next page. Thank you for your

Cooperation and consideration in this matter.

Sincerely,

Sherlynn Craig

727 341-2880

New ADDRESS
2950 Central Ave
St. Petersburg, FL
33712