

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 24 AM 11:55

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000050981**

1. Corporation Name  
**ART PAVERS & STONES, INC.**

2. Principal Office Address  
**12740 SW 64TH TERRACE**

3. Mailing Office Address  
**12740 SW 64TH TERRACE**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33183 US**

600024394406  
11/04/03--01012--008 \*\*150.00  
5/15/02 90104 042 150.00  
**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida **06/08/1998**

5. FEI Number **65-0898937** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **ARCIA, ENRIQUE O.**

Street Address (P.O. Box Number is Not Acceptable) **12740 SW 64TH TERRACE**

Suite, Apt. # Etc.

City **MIAMI** State **FL** Zip Code **33183**

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.

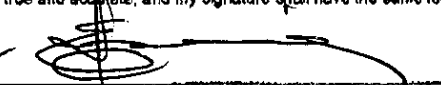
Signature of Registered Agent  Date **10/31/2003**

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
D/P	ARCIA, ENRIQUE O.	12740 SW 64TH TERRACE	MIAMI, FL 33183
S/T	ARCIA, SARA	12740 SW 64TH TERRACE	MIAMI, FL 33183

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)(f), 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:  Date **10/31/2003** Daytime Phone # **305-551-1808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2205 (10/02)

11/6  
aw

October 31, 2003

Division of Corporation  
409 East Gaines Street Line  
Tallahassee, Florida 32399

Ref: Art Pavers & Stone, Inc.  
Doc # P98000050981

Mr. Andy:

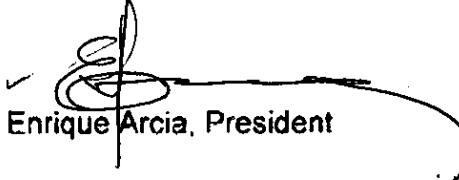
As per our telephone conversation on Friday, October 31, 2003 with your department, please be advice that we never receive your correspondence dated May 21, 2002 because the address is incorrect.

Enclosed please find the Reinstatement form and a check for \$150.00 for the Year 2003

Please note our correct address is:

12740 SW 64<sup>th</sup> Terrace  
Miami, Florida 33183

Thank you for your attention,

  
Enrique Arcia, President