

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000048256</b>					
<b>1. Entity Name</b> FLORIDA PAVERS & BRICK LLC					
<b>Principal Place of Business</b> 9120 SOUTH BAY DRIVE ORLANDO, FL 32819			<b>Mailing Address</b> 9120 SOUTH BAY DRIVE ORLANDO, FL 32819		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11202008 REIN-LLC CR2E101 (1/07)	
<b>4. FEI Number</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  COSME, ROLANDO 9120 SOUTH BAY DRIVE ORLANDO, FL 32819			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President MBRM</i> <i>Rolando Cosme</i> <i>9120 South Bay Dr</i> <i>Orlando FL 32819</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100138516194</i> <i>12/05/08--01040--001</i> <i>+\$238.75</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MBRM</i> <i>Cicero V Alencar</i> <i>9120 South Bay Dr</i> <i>Orlando FL 32819</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>Cicero V Alencar</i> <i>Oct 30 2008.</i> <i>Rolando Cosme</i> <i>NOV 21 2008.</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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