

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

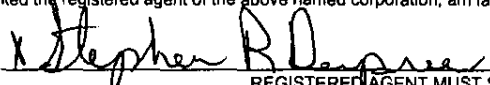
REINSTATEMENT 03

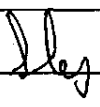
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10/07/03--01001--016 **150.00


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 428284			
1. Corporation Name CITY WIDE ASPHALT PAVING AND COATING SERVICE INC			
2. Principal Office Address 7110 E 14TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 15717 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33619	Country HILLSBORO	Zip 33684-5717	Country HILLSBORO

4. Date Incorporated or Qualified To Do Business in Florida 06/14/1973	
5. FEI Number 59-1520321	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name STEPHEN R DUPREE		
Street Address (P.O. Box Number is Not Acceptable) 710 WEST IDLEWILD AVENUE		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33604

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 10/2/03
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
P/D	STEPHEN R DUPREE	710 WEST IDLEWILD AVENUE	TAMPA, FL 33604
			

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: 	10/02/03 813-873-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (10/02)

10/2

Florida Department of State
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

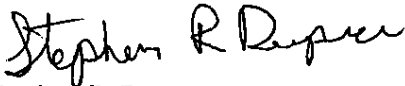
We did not receive the original corporate annual report. Since receiving the notice from your department that the corporation would be automatically dissolved, the sole surviving officer and stockholder of the corporation, my mother, required emergency surgery, which she did not survive. She was predeceased by the only other shareholder who was her husband and my father.

Per the terms of my mother's will I now own all the shares in this corporation and as such I am now the President and Director of the corporation. While my father was alive he always handled all the business matters for the corporation. He died September 8, 2002 at which time my mother became solely responsible for the corporation. Since she had not been active in the corporation prior to his death this was a daunting task. She was trying very hard to handle all requirements for the corporation prior to her death.

Due to these unusual circumstances I respectfully request abatement of the penalty for late filing of the annual corporation report.

Enclosed is the Application for Reinstatement along with the required annual fee of \$150. Your assistance in this matter is appreciated.

Yours truly,



Stephen R. Dupree
City Wide Asphalt Paving and Coating Service Inc.
7110 E. 14th Avenue
Tampa, FL 33619

Mailing Address

PO Box 15717
Tampa, FL 33684-5717

RECEIVED
SEP 10 2003
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA