

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F31044

1. Entity Name
ANYTHING ASPHALT, INC.



FILED

09 APR 22 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6805 W. COMMERCIAL BLVD. #201
TAMARAC, FL 33319 US

Mailing Address
6805 W. COMMERCIAL BLVD. #201
TAMARAC, FL 33319



2. Principal Place of Business, No P.O. Box #
4301 So. Flamingo Rd
Suite, Apt. #, etc.
#103-140
City & State
DAVIE, FL
Zip
33330 Country
U.S.A

3. Mailing Address
4301 So. Flamingo Rd
Suite, Apt. #, etc.
#103-140
City & State
DAVIE FL
Zip
33330 Country
U.S.A

04162009 REIN-P CR2E098 (1/07)

4. FEI Number
59-2092172
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODGERS, WILLIAM H.
8231 N.W. 54 STREET
LAUDERHILL, FL 33351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE *William H. Rodgers* DATE 4/15/09
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODGERS, WILLIAM H. 8231 NW 54TH ST LAUDERHILL, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODGERS, MARGARET D 8231 NW 54TH ST LAUDERHILL, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

500151804615
04/22/09--01025--003 **300.00

REINSTATEMENT

RH

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Rodgers* DATE 4/15/09 DAYTIME PHONE # 954-572-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR