PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 18 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # G75176

1. Corporation Name: Precision Paving of Tampa. Inc.

2. Principal Office Address: 8917 Maislin Dr. #G
Suite, Apt. #, etc.: G
City & State: Tampa FL
Zip: 33637 Country: Hillsborough

3. Mailing Office Address: same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1983

5. FEI Number: 59-2359657 ☐ 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: Floyd W. Brooks
Street Address (P.O. Box Number is Not Acceptable): 7210 Nia Lane
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33625

600002704636
10/30/02--01108--001 **750.00

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: [signature] Date: 10-17-02
REGISTERED AGENT MUST SIGN

CR2E031 (9/01)

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	James B. Azzarelli	15906 Trevose Lane	Odessa FL 33556
Sec	Mary E Azzarelli	15906 Trevose Lane	Odessa FL 33556

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: [signature] 10-17-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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