

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 AUG 16 PM 4:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026995

1. Limited Liability Company's Name

ATLANTIC PAVERS AND BLOCKS LLC

2. Principal Office Address

1001 NW 12 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

2900 NW 77 CT

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

MIAMI, FL

Zip

33069

Country

USA

Zip

33122

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

20-1478837

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DOMINICK ORTIZ

Street Address (P.O. Box Number is Not Acceptable)

2900 NW 77TH COURT

200040289632

08/18/04--01053--001 **205.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 8/12/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	DOMINICK ORTIZ	2900 NW 77 CT	MIAMI, FLORIDA 33122
MGR	EC CONSTRUCTION	2900 NW 77 CT	MIAMI, FLORIDA 33122
		REINSTATEMENT	<u>2003-04</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 8/12/04

Daytime Phone# 305-592-0029

Typed or printed name of signing Managing Member/Manager DOMINICK ORTIZ

CR2E041 (10/02)