

107

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 22 AM 8:00

DOCUMENT # L61978

**1. Corporation Name**

J. E. Pavers, Inc.

**2. Principal Office Address**

12315 SW 133 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

**3. Mailing Office Address**

12315 SW 133 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

**REINSTATEMENT** 03-04  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/03/1990

**5. FEI Number**

65-0200078

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

De Ovin, Manuel

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

18336 SW 136th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

**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

REGISTERED AGENT MUST SIGN

Date

3/11/04

**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
DP	De Ovin, Manuel	18336 SW 136th Court	Miami, FL 33177
DS	De Ovin, Silvia	18336 SW 136th Court	Miami, FL 33177

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/11/04

Date

✓ 305 238 5565

Daytime Phone #

CR2E081 (10/02)

292  
January 23, 2004

Uniform Business Report  
Division of Corporations  
Ms. Ruby Dunlap  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: *J.E. Pavers, Inc.*  
*Document # L61978*  
*2003 Uniform Business Report*  
*2004 Uniform Business Report*

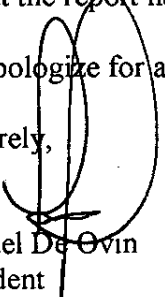
Gentlemen:

Enclosed find our Corporation Reinstatement Report and our \$ 300.<sup>00</sup> check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly had not received it. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

  
Manuel De Ovin  
President