

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 AM 9:40

DOCUMENT # L98000001927

9/29/00

1. Limited Liability Company's Name

Keystone Pavers, L.C.

2. Principal Office Address

315A Nesbit

Suite, Apt. #, etc.

3. Mailing Office Address

P.O Box 511928

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
-To Do Business in Florida

November, 1998

6. FEI Number

65-0868251

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33951

Country

U.S.A.

Zip

33951

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Sherwood E Aldrich

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

18170 Lake Worth Blvd

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

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

Sherwood E Aldrich
REGISTERED AGENT MUST SIGN

Date 03/01/01

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
<i>MEM</i>	Sherwood E. Aldrich	18170 Lake Worth Blvd	Port-Charlotte, FL 33948

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

Sherwood E Aldrich

Date 03/01/01

Daytime Phone# (941) 505-8608

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)