## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000016353

Entity Name: B & H PAVING, INC.

FILED Oct 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4576 WETHERBEE RD. 4109 FOXTAIL CT

ORLANDO, FL 32824 KISSIMMEE, FL 34746 US US

**Current Mailing Address: New Mailing Address:** 

4576 WETHERBEE ROAD 4109 FOXTAIL CT

ORLANDO, FL 32824 KISSIMMEE, FL 34746 US

FEI Number: 59-3626347 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOHAMMAD, BAKER MOHAMMAD, BAKER 4109 FOXTAIL CT 4576 WETHERBEE ROAD

KISSIMMEE, FL 34746 US ORLANDO, FL 32824

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.

SIGNATURE: BAKER MOHAMMAD 10/19/2009

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition MOHAMMAD, MARIA MOHAMMAD, MARIA Name: Name: 7830 FERNLEAF DR 4109 FOXTAIL CT Address: Address:

City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: KISSIMMEE, FL 34746 US

Title: VD () Delete Title: VD (X) Change ( ) Addition MOHAMMAD, BAKER Name: Name: MOHAMMAD, BAKER

7830 FERN LEAF DR 4109 FOXTAIL CT Address: Address: ORLANDO, FL 32836 US KISSIMMEE, FL 34746 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete TR

ZUREIQ, MIKE Name: ZUREIQ, MIKE Name: 624 CASCADING CREEK LANE Address: 4109 FOXTAIL CT Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MARIA MOHAMMAD 10/19/2009