


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000028512					
1. Corporation Name All About Asphalt Inc					
2. Principal Office Address 7667 W. Sample Rd. Suite, Apt. #, etc. #207 City & State Coral Springs, FL Zip 33065 Country USA			3. Mailing Office Address 7667 W. Sample Rd. Suite, Apt. #, etc. #207 City & State Coral Springs, FL Zip 33065 Country USA		

FILED  
03 MAR 28 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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03/06/03 01043 008 / S400

4. Date Incorporated or Qualified To Do Business in Florida 2000	
5. FEI Number 65-1057682	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.35 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Andrew Sanatass		
Street Address (P.O. Box Number is Not Acceptable) 7667 W. Sample Rd		
Suite, Apt. #, Etc. #207		
City Coral Springs	State FL	Zip Code 33065

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

X 

Date

REGISTERED AGENT MUST SIGN

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
P	Andrew Sanatass	7667 W. Sample Rd #207	Coral Springs FL 33065

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: X

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. SANATASS

Date

Daytime Phone #

CR2E081 (10/02)