

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031170

1. Corporation Name

Pavers By Zipsir, Inc.

2. Principal Office Address

487 SW So. Quick Circle

Suite, Apt. #, etc.

City & State

Port St. Lucie, Florida

Zip
34953

Country ~~USA~~
~~Saint Lucie~~

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip
Same

Country
Same

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/2000

5. FEI Number

65-0998578

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

Julie Zipsir

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

487 SW So. Quick Circle

Suite, Apt. #, Etc.

City

Port St. Lucie

State
FL

Zip Code
34953

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

Julie Zipsir

REGISTERED AGENT MUST SIGN

Date June 7, 2002

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/D	Julie Zipsir	487 SW So. Quick Circle	Port St. Lucie, FL 34953
ED	Frank Holman	2131 SE Wald St	Port St. Lucie, FL 34984

800005891948-3
06/20/02-01065-004
****300.00 ****300.00

01-02 UBR
78

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)(l), 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:

Julie Zipsir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julie Zipsir

6/7/02 (772)879-2122

Date

Daytime Phone #

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MICHAEL MALISZEWSKI, P.A.

ATTORNEYS AT LAW

**MICHAEL MALISZEWSKI
CHARLES GEARY, OF COUNSEL**

**27 E. OCEAN BOULEVARD
STUART, FLORIDA 34994
(561) 223-7010
(561) 287-0879 FAX**

June 7, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement for Pavers By Zipsir, Inc.

Dear Madam/Sir:

My client, Pavers By Zipsir, Inc. recently learned that her corporation was unbeknownst to her, administratively dissolved in September 2001. My client states that she did not receive either the annual report filing form, nor any notice of any impending administrative dissolution prior to September 2001, and therefore request a waiver of the reinstatement fee of \$600.00.

Therefore, enclosed herewith, find my client's completed original Corporate Reinstatement form together with a corporate check in the amount of \$300.00 to cover the balance of the State's reinstatement charges as directed by your department. My client thanks you in advance for your assistance in this matter, and understands better the State's filing events that should in her future.

Very truly,

Michael Mac

Michael Maliszewski, Esq.

/dk
Enclosures