PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 SEP -3 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100022700301
09/02/03--01047--009 **900.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000033864

1. Corporation Name

AmeriSeal Paving and Sealcoating, Inc.

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
883 Southwind Lane		2639 Royal Liverpool Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Largo, FL		Tarpon Springs, FL	
Zip	Country	Zip	Country
33771	Pinellas	34689	Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: March 30,2000

5. FEI Number: 59-3643291 ☐ 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: Charles Godfrey

Street Address (P.O. Box Number is Not Acceptable): 2639 Royal Liverpool Dr.

Suite, Apt. #, Etc.:

City: Tarpon Springs, State: FL Zip Code: 34689

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: Charles Godfrey — Date: 8/29/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Charles P. Godfrey	2639 Royal Liverpool Dr.	Tarpon Springs, FL 34689
V Pres.	Shirl S. Godfrey	2639 Royal Liverpool Dr.	Tarpon Springs, FL 34689

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: Charles Godfrey — 8/29/03 — 727-937-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #