

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -3 PM 3:25
RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059123

1. Corporation Name

TROPICAL BRICK PAVERS, INC.
665 4TH STREET
VERO BEACH, FLORIDA 32962

2. Principal Office Address

665 4th Street

Suite, Apt. #, etc.

3. Mailing Office Address

665 4th Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32962

Country

USA

Zip

32962

Country

USA

REINSTATEMENT

0304

700029955647

03/05/04--01030--025 **750.00

01-17-0390139 -047 150⁰⁰

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2000

5. FEI Number

651020476

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 E. GARRIS

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

817 BEACHLAND BLVD.

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

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

REGISTERED AGENT MUST SIGN

Date Jan. 29, 2004

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
DPST	ANDREW W. FISKE	1415 48th Court	Vero Beach, FL 32966

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: Andrew W. Fiske
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 2004 567-0708
Date Daytime Phone #

CR2E081 (10/02)