

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 11 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P0000076210**

**1. Corporation Name**

M.Z. PAVERS, INC.

000014086240  
03/14/03--01038--009 \*\*1050.00

**2. Principal Office Address**

3441 NE 13TH AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

P. O. BOX 600894

Suite, Apt. #, etc.

**City & State**

OAKLAND PARK BLVD, FT L

**City & State**

NORTH MIAMI BEACH

**Zip**

33334

**Country**

USA

**Zip**

33160

**Country**

USA

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08-11-2000

**5. FEI Number**

59-3115534

**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**

BERTHA ROSARIO

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

16300 NE 19TH AVENUE

**Suite, Apt. #, Etc.**

226

**City**

NORTH MIAMI BEACH

**State**

FL

**Zip Code**

33162

**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**

03/04/2003

**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
PT	MOISES BENITEZ	3441 NE 13TH AVENUE	OAKLAND PARK BLVD, FT. LAUDE
VSD	ENRIQUETA ANGULO	348 NW 45TH STREET	FT LAUDERDALE, FL 33309

**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:**

MOISES BENITEZ (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

03/04/2003

**Daytime Phone #**

954-689  
6266