

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT <i>2001 UBR</i>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT# **P00000079924**

1. Corporation Name

CANOLI PAVERS, INC.

2. Principal Office Address

5217 NW 15TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5217 NW 15TH AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2000

5. FEI Number

65-1033547

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

TAX HOUSE CORPORATION

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

3929 N FEDERAL HWY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

11/30/2001

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
PSD	DEOLIVEIRA, CARLOS NUNES	5217 NW 15TH AVE	POMPANO BEACH , FL 33064

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 19.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/2001 (934) 421-0570

10/2
FILED
01 DEC -6 PM 4:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2012

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2001 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2001
P00000079924
CANOLI PAVERS, INC.

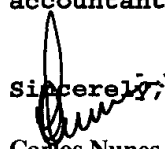
To Whom It May Concern:

We would like to inform you that we have never sent the annual report forms because we have never received it. Only one year later, after the dissolution date, as we contacted our accountant, we were aware of the status of our company with the Florida Department of State.

We would like to request that this department waive us from the reinstatement fee other than the primary \$150.00 for this year and accept the filling of our attached Reinstatement Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,


Carlos Nunes Oliveira - President
CANOLI PAVERS, INC.
5217 NW 15TH AVE
Pompano Beach, FL 33064
Phone (954) 421-0570