

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 DEC 17 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000086835**

**1. Corporation Name**

Old Florida Paving & Concrete, Inc.

**2. Principal Office Address**

4030 SW 107th Place

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33165

Country

USA

**3. Mailing Office Address**

4030 SW 107th Place

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33165

Country

USA

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

09/13/2002

**5. FEI Number**

651039377

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2002**

**7. Name and Address of Current Registered Agent**

Name

Idalberto Pereira

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

4030 SW 107th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

**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

*Idalberto Pereira*

REGISTERED AGENT MUST SIGN

Date

12/12/02

**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
P/D	Idalberto Pereira	4030 SW 107th Place	Miami, FL. 33165
V/D	Yudith Pereira	4030 SW 107th Place	Miami, FL. 33165

**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:**

*Idalberto Pereira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/02

Daytime Phone #

CR2E081 (9/01)