2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000015377

Entity Name: WAGNER PAVERS CONTRACTOR INSTALLATION, INC.

FILED Oct 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

403 HAWK STREET ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

403 HAWK STREET ROCKLEDGE, FL 32955

FEI Number: 59-3698874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARSON, CAROLINE 8818 COMMODITY SUITE 40 ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAROLINE LARSON

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P () Delete Title: D,P (X) Change () Addition

 Name:
 DUTRA, ALTAIR
 Name:
 DUTRA, ALTAIR

 Address:
 32 MADISON CIRCLE
 Address:
 403 HAWK STREET

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: D,VP () Delete Title: D,VP (X) Change () Addition

 Name:
 DUTRA, ALTAMIR
 Name:
 DUTRA, ALTAMIR

 Address:
 32 MADISON CIRCLE
 Address:
 403 HAWK STREET

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIR DUTRA D.P 10/25/2008