

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000020935

FILED
Oct 06, 2005
Secretary of State

Entity Name: AMERICAN INTERLOCKING PAVERS, INC.

Current Principal Place of Business:

300 N. HASTINGS ST.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

300 N. HASTINGS ST.
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3702011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
1510 E COLONIAL DR.
307
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
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: JOYCE NASCIMENTO

10/06/2005

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:

Title: DP () Delete
Name: PAULA, AMILTON D
Address: 300 N. HASTINGS ST.
City-St-Zip: ORLANDO, FL 32835 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: PAULA, ROSIVAL S
Address: 300 N. HASTINGS ST
City-St-Zip: ORLANDO, FL 32835 US

Title: S () Change (X) Addition
Name: SOUZA, GLECIO F
Address: 300 N. HASTINGS ST
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMILTON D PAULA

P

10/06/2005

Electronic Signature of Signing Officer or Director

Date