

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **901000029829**

1. Corporation Name

MDS BRICK PAVERS COMPANY

REINSTATEMENT 02-04

900030948789

03/23/04--01106--018 **1000.00

900030948789

03/23/04--01106--017 **58.75

2. Principal Office Address

578 NEUMANN VILLAGE CT

3. Mailing Office Address

578 NEUMANN VILLAGE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE, FL

City & State

OCOE, FL

Zip

34761

Country

ORANGE

Zip

34761

Country

ORANGE

4. Date Incorporated or Qualified

To Do Business in Florida 03/19/2001

5. FEI Number

59-3707446

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

CAROLINE LARSON

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

1510 E COLONIAL DR

Suite, Apt. #, Etc.

STE 307

City

ORLANDO

State

FL

Zip Code

32803

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

Carol Larson

Date **03-15-04**

REGISTERED AGENT MUST SIGN

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
DP	MATEUS JOSE CARDOSO	578 NEUMANN VILLAGE CT	OCOE, FL, 34761
DVP	SUZANA CARDOSO	578 NEUMANN VILLAGE CT	OCOE, FL, 34761
DST	DIOGO H CARDOSO	578 NEUMANN VILLAGE CT	OCOE, FL, 34761
DS	JUSCELINO P MACHADO	578 NEUMANN VILLAGE CT	OCOE, FL, 34761

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-04

Date

407-898-1757

Daytime Phone #

CR2E081 (01/04)