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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000110031

1. Corporation Name

FIRMO PAVERS, INC.

03 JAN 10 PM 4: 17

SECRETARY OF STATE TALLAMASSEE, FLORIDA

757 Siesta Key Trail Sa Suite, Apt. #, etc. Suite 1121		3. Mailing Office Address  Same as Principal Office  Suite, Apt. #, etc.		<b>600010133296</b> e 01/15/0301069008 **150,00			
				4. Date Incorporated or Qualified To Do Business in Florida 11/16/2001			
		City & State					
Deerf	ield	Beach, FL		e e e e e e e e e e e e e e e e e e e	5- FEI Number	Applied For	
Zip		Country	Zip	Country	65-1153643	Not Applicable	
33441	i	Broward			CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee require for a Certificate of Status	
			7. Nar	me and Address of Current Registe	ered Agent		
	Name Alex F. Pecanha						
	Street Address (P.O. Box Number is Not Acceptable) 757 Siesta Key Trail						
	Suite, Apt. 1121	#, Etc.					
	city Deer	field Beach			State Zip Code FL 33441		
8. I, being a Signature of		registered agent of the ab	sove named corporati	ion, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.		

PSTD PECANHA, ALEX F. 757 Siesta Key Trail#112 1, Deerfield Beach, FL 7 Zip: 33441

Street Address of Each Officer and/or Director

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors

01/03/03

Daytime Phone #

City / State / Zip

CR2E081 (10/02)

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

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To Whom It May Concern:

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I would like to inform you that I have a Profit Corporation by the following name:

## FIRMO PAVERS, INC. Doc. # P01000110031

Our corporation has its articles filed with Florida department of State-Division of Corporation on 11/16/2001. Unfortunately, we never received the first notice, of our 2002 UBR form; and we did not know that we must pay it annually. So, we have contacted you by phone on last July, and you oriented us to download the form and made the payment, which we made promptly, as you can see in the attachment (copy of issued check).

However I was surprised when I checked the status of our corporation online at sunbiz.org and I saw that the corporation is INACTIVE because it was DISSOLVED FOR THE NON-PAYMENT OT THE ANNUAL REPORT.

I am also filling a reinstatement form and also paying the 2003 UBR. So, once that we have already made this payment, I would like to ask you to correct this situation as soon as possible, because this inaccurate inactive status is causing great loss for our corporation, once that we need to renew our insurance policies.

Once again, I would like to emphasize that our intention is to work in accordance with the State Laws, witch statutes we respect and honor.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

President

FIRMO PAVERS, INC.

757 Siesta Key Trail, Suite # 1121

Deerfield Beach, FL 33441