PLEASE READ A[redacted]STRUCTIONS BEFORE COMPLETING THIS FORM.

p1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 17 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028037

1. Corporation Name

J. D. Pavers, Inc.

Principal Place of Business	Mailing Address
1911 Rose Blvd Orlando, Florida 32839	1911 Rose Blvd Orlando, FL 32839

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03-07-2002

5. FEI Number: 35-2228130 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	Juan J. De Leon	1911 Rose Blvd.	Orlando, FL. 32839
D	Alva De Leon	1911 Rose Blvd.	Orlando, FL. 32839

500034782995
04/30/04--01005--025 **300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DeLEON, JUAN J. 1911 Rose Blvd Orlando FL 32839	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City / State: FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 4-22-04

REGISTERED AGENT MUST SIGN

11. 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] 4-22-04 407 466-0418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]

B 282
4/21/04

To whom it may Concern

This is to certify that I never
received the Document of Incorporation
for that reason I dont file on time

Sincerely you