

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028987

1. Corporation Name

ALL STATE DESIGN PAVERS, INC.

REINSTATEMENT 03

900024706659

11/14/03--01049--006 \*\*150.00

2. Principal Office Address

6210 SHELDON RD

3. Mailing Office Address

6210 SHELDON RD

Suite, Apt. #, etc.

2406

Suite, Apt. #, etc.

2406

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/2002

5. FEI Number

04-3687139

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

HELIO J. SILVERIO

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

6210 SHELDON ROAD

Suite, Apt. #, Etc.

2406

City

TAMPA

State

FL

Zip Code

33615

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-11-003

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
D/P	HELIO J. SILVERIO	6210 SHELDON ROAD #2406	TAMPA, FL 33615

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

[Signature] HELIO JACINTO SILVERIO

Date

Daytime Phone #

11-11-003

CR2E081 (10/02)