



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000035138					
1. Entity Name D&D ASPHALT PAVING & REPAIR, INC.					
Principal Place of Business 15600 N HWY 329 REDDICK, FL 32686			Mailing Address 15600 N HWY 329 REDDICK, FL 32686		
2. Principal Place of Business 3622 NE JACKSONVILLE Rd Suite, Apt. #, etc.		3. Mailing Address 3622 NE JACKSONVILLE Rd Suite, Apt. #, etc.		<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">FILED</div> <div style="font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">05 OCT -6</div>  <div style="font-size: 0.8em; margin-top: 5px;"> 10052005 REIN-P CR2E098(6/04) </div>	
City & State Ocala FL		City & State Ocala FL		4. FEI Number 30-0090997	
Zip 34478		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DODSON, TIA M 15600 N HWY 329 REDDICK, FL 32686			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3622 NE JACKSONVILLE Rd City Ocala FL 34478		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Tia Dodson</u> <u>TIA Dodson V.P.</u> 10-5-05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODSON, IRA T		NAME	3622 NE JACKSONVILLE Rd	
STREET ADDRESS	15600 N HWY 329		STREET ADDRESS	Ocala FL 34478	
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODSON, TIA M		NAME	3622 NE JACKSONVILLE Rd	
STREET ADDRESS	15600 N HWY 329		STREET ADDRESS	Ocala FL 34478	
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	600060299406	
STREET ADDRESS			STREET ADDRESS	10/06/05--01043--009 **158.75	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	T. Roberts	
STREET ADDRESS			STREET ADDRESS	OCT 07 2005	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tia Dodson</u> <u>TIA Dodson</u> 10/5/05 352 1222210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					