

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000039003**

1. Entity Name  
**PALERMO PAVERS, INC.**



05 APR 19 PM 2:50

Principal Place of Business  
**330 DOVER PLACE  
202  
NAPLES, FL 34104**

Mailing Address  
**PO BOX 473  
NAPLES, FL 34106-473**

2. Principal Place of Business  
**5019 ECLIPSE COURT**

3. Mailing Address  
**P.O. BOX 307**

Suite, Apt. #, etc.

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34104**

Country  
**USA**

Zip  
**34106-0307**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**PALERMO, TONY  
330 DOVER PLACE  
SUITE 202  
NAPLES, FL 34104**

5019 ECLIPSE COURT  
NAPLES, FL 34104



**REINSTATEMENT** 04-05

4. FEI Number  
**01-0644584**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **4/15/05**

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>5019 ECLIPSE COURT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALERMO, TONY</b>		NAME <b>NAPLES, FL 34104</b>	
STREET ADDRESS <b>330 DOVER PLACE #202</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES, FL 34104</b>		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 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 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 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: *[Signature]* **4/15/05** **239-263-0593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #