

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000113198

1. Corporation Name

HOWARD'S PAVING, INC.

Principal Place of Business

510 NORTHWEST 34TH AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

510 NORTHWEST 34TH AVENUE
FT. LAUDERDALE FL 33311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/2002

5. FEI Number

47-0899807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75* Additional Fee required
for a 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
DP	ROACH, HOWARD	510 NORTHWEST 34TH AVENUE	FT. LAUDERDALE FL 33311
DST	ROACH, SARAH	510 NORTHWEST 34TH AVENUE	FT. LAUDERDALE FL 33311

700023749327
10/13/03--01066--010 **150.00

8. Name and Address of Current Registered Agent

ROACH, HOWARD
510 NORTHWEST 34TH AVENUE
FT. LAUDERDALE FL 33311

Correct

9. Name and Address of New Registered Agent

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

Howard Roach
Sarah Roach

REGISTERED AGENT MUST SIGN

Date 10-9-03

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.

(954) 587-9491

SIGNATURE:

Howard Roach HOWARD ROACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

Letter #

303A00055824 510 N.W., 34th Ave,
H. Lauderdale, Fla.

33311
Oct. 21, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

Hi Mr. Justin Shivers

I am writing this letter to say that
I Howard Roach — Howard's paying
did not receive a letter concerning this
this reinstatement application.

And when I spoke to someone
about it and the price they said if
I had not receive a letter then just
pay the \$150.00, So I sent the

check in for one-hundred-and
fifty dollars. I receive a nother letter
saying I owe \$600.00 dollars. Please
Please, I don't know what is going.

Please, I call after receiving this letter
and was told that I didn't have to
send no more money please help me
out tell me what to do. Did not receive
no letter but this one.

Yours Truly
Howard Roach

Macq