

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000135075

1. Entity Name
FAMILY BRICK PAVING, INC.



FILED
05 JUN -1 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**301 SEACREST DR.
#151
LARGO, FL 33771 US**

Mailing Address
**301 SEACREST DR.
#151
LARGO, FL 33771 US**

2. Principal Place of Business
13500 Rodgers Avenue

3. Mailing Address
13500 Rodgers Avenue

Suite, Apt. #, etc.
402

Suite, Apt. #, etc.
402

City & State
Largo, FL

City & State
Largo, FL

Zip
33771

Country
US

Zip
33771

Country
US



REINSTATEMENT
103012005 REIN.P 1X 1002E098 (6/04)

4. FEI Number
86-1087804

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MIRANDA, EDER
301 SEACREST DR.
#151
LARGO, FL 33771**

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 Eder Miranda 5/6/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, EDER 301 SEACREST DR. #151 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13500 Rodgers Avenue Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POMALES, RAMON R JR. 2811 SOUTH PINES DR. #21 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eder Miranda 13500 Rodgers Ave #402 Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRANDA, ANGELES A 301 SEACREST #151 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miranda, Angeles 13500 Rodgers Avenue Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMALES, ANGELES 2811 SOUTH PINES DR. #21 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miranda, Angeles 13500 Rodgers Ave #402 Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eder Miranda 05-06-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #