

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000139140			
1. Corporation Name RED INTERLOCKING PAVERS, INC.			
2. Principal Office Address - No P.O. Box # 2625 State Road 590		3. Mailing Office Address 2625 State Road 590	
Suite, Apt. #, etc. 2624		Suite, Apt. #, etc. 2624	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33759	Country USA	Zip 33759	Country USA
7. Name and Address of Current Registered Agent			
Name Ricardo Rocha			
Street Address (P.O. Box Number is Not Acceptable) 2625 State Road 590			
Suite, Apt. #, Etc. 2624			
City Clearwater		State FL	Zip Code 33759
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 <i>Ricardo Rocha</i>		Date 10/18/07	
REGISTERED AGENT MUST SIGN			
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	
PD		Ricardo Rocha	
STD		Edson R Jesus	
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 contained in Chapter 119, 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: <i>Ricardo Rocha</i>		Date 10/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (727) 642 6396	

FILED
07 OCT 23 AM 10:48
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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10/23/07--01021--003 **\$00.00

REINSTATEMENT 06-07

4. Date Incorporated or Qualified To Do Business in Florida	11/25/03
5. FEE Number 20-0434330	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	