2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000143082 1. Entity Name 06 MAY 17 AM 10: 19 M.A. MATHIS ASPHALT SEALCOATING & MAINT. INC SECRETARY OF STATE TALLAHASSEE, FLOREDA Mailing Address Principal Place of Business RT 13 BOX 812 RT 13 BOX 812 LAKE CITY, FL 32055 LAKE CITY, FL 32055 2. Principal Place of Business 3. Mailing Address 171 NW MARCEL ITI NW MARCE Suite, Apt. #, etc. Suite, Apt. #, etc. 05052006 REIN-P CR2E098 (11/05) City & State () 4. FEI Number Applied For City & State 20-0494691 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ICHAGA MATHIS MATHIS, MA Street Address (P.O. Box Number is Not Acceptable) RT 13 BOX 812 LAKE CITY, FL 32055 MARCEL 8. The above named entity subposts 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 A. MATHS SIGNATURE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MATHIS, M.A. NAME NAME 171 NW MARCEL PL STREET ADDRESS RT 13 BOX 812 STREET ADDRESS LAKE CITY, FL 32055 CITY-ST-ZIP ALF C C/TY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 802 STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TATEMENT 05-06 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE 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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO