


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000152928	
1. Entity Name ROCK LAND BRICK PAVERS, INC.	

Principal Place of Business 3819 SOUTHVIEW DRIVE BRANDON, FL 33511	Mailing Address 3819 SOUTHVIEW DRIVE BRANDON, FL 33511
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2. Principal Place of Business 1214 West Brandon Blvd	3. Mailing Address 1214 West Brandon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brandon, FL 33511	City & State Brandon FL
Zip 33511	Country USA
Zip 33511	Country USA

6. Name and Address of Current Registered Agent TAVARES, RICARDO 3819 SOUTHVIEW DRIVE BRANDON, FL 33511	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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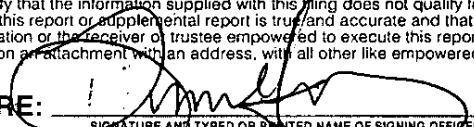
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVARES, RICARDO 3819 SOUTHVIEW DRIVE BRANDON, FL 33511 <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
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/06/05 9173026 Daytime Phone #

FILED
05 OCT 20 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06162005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>
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