

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000001321

1. Corporation Name

SAM ROBERSON ASPHALT AND PAVING INC
405 N ORANGE AVE
SARASOTA FL 34236

2. Principal Office Address

405 N ORANGE AVE

3. Mailing Office Address

405 N ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34236

Country

Zip
34236

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/01/04

5. FEI Number 20-1779323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SAM ROBERSON

Street Address (P.O. Box Number is Not Acceptable)

405 N ORANGE AVE

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code
34236

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

Sam Roberson

REGISTERED AGENT MUST SIGN

Date *12-13-06*

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	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERSON, SAM	405 N ORANGE AVE	SARASOTA FL 34236

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: *Sam Roberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-06 *941.73650500*
Date Daytime Phone #