

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>										
<b>DOCUMENT #</b> P04000001321												
<b>1. Corporation Name</b> SAM ROBERSON ASPHALT AND PAVING INC 405 N ORANGE AVE SARASOTA FL 34236												
<b>2. Principal Office Address</b> 405 N ORANGE AVE		<b>3. Mailing Office Address</b> 405 N ORANGE AVE										
Suite, Apt. #, etc.		Suite, Apt. #, etc.										
City & State SARASOTA FL		City & State SARASOTA FL										
Zip 34236	Country	Zip 34236	Country									
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/01/04 <b>5. FEI Number</b> 20-1779323 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable												
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>												
<b>7. Name and Address of Current Registered Agent</b> <table border="1"> <tr> <td colspan="2">           Name            SAM ROBERSON         </td> </tr> <tr> <td colspan="2">           Street Address (P.O. Box Number is Not Acceptable)            405 N ORANGE AVE         </td> </tr> <tr> <td colspan="2">           Suite, Apt. #, Etc.         </td> </tr> <tr> <td>           City            SARASOTA         </td> <td>           State  <b>FL</b> </td> <td>           Zip Code  <b>34236</b> </td> </tr> </table>				Name SAM ROBERSON		Street Address (P.O. Box Number is Not Acceptable) 405 N ORANGE AVE		Suite, Apt. #, Etc.		City SARASOTA	State <b>FL</b>	Zip Code <b>34236</b>
Name SAM ROBERSON												
Street Address (P.O. Box Number is Not Acceptable) 405 N ORANGE AVE												
Suite, Apt. #, Etc.												
City SARASOTA	State <b>FL</b>	Zip Code <b>34236</b>										
<b>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.</b>												
Signature of Registered Agent <i>Sam Roberson</i>		Date <i>X12-13-06</i>										
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>												
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>									
P	ROBERSON, SAM	405 N ORANGE AVE	SARASOTA FL 34236									
<b>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.</b>												
<b>SIGNATURE:</b> <i>Sam Roberson</i>		Date <i>X12-13-06</i> <b>X94173650500</b> Daytime Phone #										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR												

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/01/04	
<b>5. FEI Number</b> 20-1779323 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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<b>7. Name and Address of Current Registered Agent</b>			
Name SAM ROBERSON			
Street Address (P.O. Box Number is Not Acceptable) 405 N ORANGE AVE			
Suite, Apt. #, Etc.			
City SARASOTA	State <b>FL</b>	Zip Code <b>34236</b>	

**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 *X12-13-06*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	ROBERSON, SAM	405 N ORANGE AVE	SARASOTA FL 34236

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SIGNATURE: *Sam Roberson* Date *X12-13-06* **X94173650500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #