

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000027606

Entity Name: SILVEIRA PAVERS CORP

FILED
Nov 30, 2005
Secretary of State

Current Principal Place of Business:

4949 CASON COVE
APT 736
ORLANDO, FL 32811 US

Current Mailing Address:

4949 CASON COVE
APT 736
ORLANDO, FL 32811 US

New Principal Place of Business:

4949 CASON COVE DR
APT 736
ORLANDO, FL 32811 US

New Mailing Address:

4949 CASON COVE DR
APT 736
ORLANDO, FL 32811 US

FEI Number: 20-0718289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CRISTINA
1516 E COLONIAL DRIVE
107
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

SILVEIRA, LUIS C
4949 CASON COVE DR
APT 736
ORLANDO, FL 32811 US

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.

SIGNATURE: LUIS C SILVEIRA

11/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SILVEIRA, LUIS C
Address: 4949 CASON COVE APT 736
City-St-Zip: ORLANDO, FL 32811 US

Title: DVP (X) Delete
Name: DE OLIVEIRA, JOSIMAR F
Address: 4961 CASON COVE APT 613
City-St-Zip: ORLANDO, FL 32811 FL

Title: DT (X) Delete
Name: TAVARES, JOSE EDUARDO S
Address: 4961 CASON COVE APT 613
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVEIRA, LUIS C
Address: 4949 CASON COVE APT 736
City-St-Zip: ORLANDO, FL 32811 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS C SILVEIRA

P

11/30/2005

Electronic Signature of Signing Officer or Director

Date