2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041966

1. Entity Name
BAJU PROFESSIONAL BRICK PAVERS, INC.

FILED
07 OCT -8 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11177 LONGHILL DR. PINELLAS PARK, FL 33782 US	11177 LONGHILL DR. PINELLAS PARK, FL 33782 US

2. Principal Place of Business No P.O. Box #
3. Mailing Address

Suite, Apt #, etc.

City & State — City & State

Zip — Country — Zip — Country

100420 REINSTATEMENT -P CR2E 1/07 07

4. FEI Number
20-0880538
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECIL, DANIELE B 8501 52ND ST 6H PINELLAS PARK, FL 33781	Name: Becil, Daniele B Street Address (P.O. Box Number is Not Acceptable): 11147 Longhill DR City: Pinellas PK FL Zip Code: 33781

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: Daniele B. Becil
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BECIL, DANIELE B	
STREET ADDRESS	11147 LONGHILL DR.	
CITY ST ZIP	PINELLAS PARK, FL 33781	
TITLE	VP	☐ Delete
NAME	LAGE, JUSCELINO K	
STREET ADDRESS	11147 LONGHILL DR.	
CITY ST ZIP	PINELLAS PARK, FL 33782	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
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NAME		
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CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

M 10/9

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		☐ Change ☐ Addition
NAME	300110495963	
STREET ADDRESS	10/08/07--01050--004 **150.00	
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY ST ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Daniele B. Becil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #