

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000064245

1. Corporation Name

ATKINS PAVING, INC.

2. Principal Office Address

1320 S. DIXIE HWY

Suite, Apt. #, etc.

12 W SUITE

City & State

POMPANO BEACH

Zip

33069

Country

USA

3. Mailing Office Address

1320 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

12 W

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 12 2004

5. FEI Number

34-1991554

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

WALTER ATKINS

800082945658

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

1320 S. DIXIE HIGHWAY

Suite, Apt. #, Etc.

SUITE 12 W

City

POMPANO BEACH, FL

State

FL

Zip Code

33069

REINSTATEMENT DS-06

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

Walter Atkins

Date 12-14-06

REGISTERED AGENT MUST SIGN

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
<u>PH/D</u>	<u>WALTER ATKINS</u>	<u>1320 S. DIXIE HIGHWAY</u>	<u>POMPANO BEACH, FL 33069</u>
<u>VP/D</u>	<u>CANDICE ATKINS</u>	<u>1320 S. DIXIE HIGHWAY</u>	<u>POMPANO BEACH, FL 33069</u>
<u>S/D</u>	<u>WALTER ATKINS, JR.</u>	<u>1320 S. DIXIE HIGHWAY</u>	<u>POMPANO BEACH, FL 33069</u>

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:

Walter Atkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-06 954-588-3427

Date

Daytime Phone #