

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000140776

Entity Name: ALLIED PAVERS CARE, INC.

FILED
Oct 05, 2005
Secretary of State

Current Principal Place of Business:

2531 NW 6 TERRACE
CAPE CORAL, FL 33993 US

New Principal Place of Business:

1010 SW 15TH STREET
CAPE CORAL
CAPE CORAL, FL 33991 US

Current Mailing Address:

2531 NW 6 TERRACE
CAPE CORAL, FL 33993 US

New Mailing Address:

1010 SW 15TH STREET
CAPE CORAL, FL 33991 US

FEI Number: 20-1748766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, JORGE
4912 VINCENNES CT.
201
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: JORGE REYES

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: P () Delete
Name: ZAPATA, ANDRES
Address: 2531 NW 6 TERRACE
City-St-Zip: CAPE CORAL, FL 33993 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZAPATA, ANDRES
Address: 1010 SW 15TH STREET
City-St-Zip: CAPE CORAL, FL 33991 US

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: ANDRES ZAPATA

P

10/05/2005

Electronic Signature of Signing Officer or Director

Date