

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 27 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100130261081
05/27/08--01005--026 **450.00

CR2E081 (12/07)

DOCUMENT # P050000 43042

1. Corporation Name

PERES BRICK PAVERS, INC

2. Principal Office Address - No P.O. Box #

11150 4TH STREET

Suite, Apt. #, etc.

4103

City & State

ST PETERSBURG - FL

Zip

33716

Country

USA

3. Mailing Office Address

11150 4TH STREET

Suite, Apt. #, etc.

4103

City & State

ST PETERSBURG - FL

Zip

33716

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2005

5. FEI Number
20-2540298

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

GLAUTON SOUZA PERES

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

11150 4TH STREET

Suite, Apt. #, Etc.

4103

City

ST PETERSBURG

State

FL

Zip Code

33716

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 5/6/08

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
P	GLAUTON SOUZA PERES	11150 4TH STREET 4103	ST PETERSBURG - FL 33716

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/08

Date

727-831-7623

Daytime Phone #