


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000064007		
1. Entity Name SOUTH FLORIDA PAVING CORP.		


FILED
07 FEB -2 PM 1:49

SECRETARY OF STATE
REINSTATEMENT 06-0A

Principal Place of Business 10476 SW 26TH TERR MIAMI, FL 33165	Mailing Address 10476 SW 26TH TERR MIAMI, FL 33165
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2. Principal Place of Business - No P.O. Box # 2135 SW 98 Ave	3. Mailing Address 2135 SW 98 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami, FL
Zip 33165	Zip 33165
Country	Country


05-01-06 90450 019 \$150.00
01192007 REIN-P CR2E098 (1/07)

4. FEI Number 04-3813633		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MENDEZ, ABEL T 10476 SW 26TH TERR MIAMI, FL 33165 2135 SW 98 Ave. Miami, FL 33165		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

CK 1032 paid 4/15/06 \$150.00 FILE NOW!!! FEE IS \$300.00 150.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, ABEL T 10476 SW 26TH TERR MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Abel T. Mendez 2135 SW 98 Ave Miami, FL 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600087608726 02/07/07--01053--034 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or in other like empowered.

SIGNATURE:  1/19/2007 305-986-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #