

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 APR 22 AM 9:16


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200176893268
04/21/10--01029--009 **450.00

CR2E081 (11/09)

08-10

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000090756

1. Corporation Name

SOUTHERN SHORE PAVERS CORPORATION

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

241 DIAMOND COVE

Suite, Apt. #, etc.

3. Mailing Office Address

241 DIAMOND COVE

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/24/2005

5. FBI Number

20-3230463

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

VALDELI SILVA

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

241 DIAMOND COVE

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

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.

REINSTATEMENT

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



Date 04/18/2010

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
P,D	VALDELI SILVA	241 DIAMOND COVE	DESTIN, FL 32541

10. E-mail Address: despachantebr@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:



VALDELI SILVA

04/18/2010 850-855-0682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

R. Mitchell APR 22 2010