

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000113112 1. Entity Name C B PAVERS & LANDSCAPE, INC.	
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FILED
09 MAY -6 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1324 ANA MARIA CIRCLE PORT ORANGE, FL 32129	Mailing Address 1324 ANA MARIA CIRCLE PORT ORANGE, FL 32129
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 0312009 (10/08-09)

4. FEI Number 20-3339195	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

**BLUM, CHRISTOPHER J
1324 ANA MARIA CIRCLE
PORT ORANGE, FL 32129**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

5. 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 _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	BLUM, CHRISTOPHER J	<input type="checkbox"/> Delete
NAME		1324 ANA MARIA CIRCLE	
STREET ADDRESS		PORT ORANGE, FL 32129	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		300155531073	
STREET ADDRESS		05/06/09--01021--005 **300.00	
CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Christopher J. Blum* **Christopher J. Blum, D** 3/12/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR