

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000142750

FILED  
Oct 08, 2009  
Secretary of State

Entity Name: AMERICAN ALL PAVERS & BLOCK INC

## Current Principal Place of Business:

4630 SOUTH KIRKMAN RD  
SUITE 183  
ORLANDO, FL 32811 US

## New Principal Place of Business:

## Current Mailing Address:

4630 SOUTH KIRKMAN RD  
SUITE 183  
ORLANDO, FL 32811 US

## New Mailing Address:

FEI Number: 20-3663773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON ACCOUNTING & CONSULTING SERV LLC  
8818 COMMODITY CIR  
40  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SERV LLC  
8810 COMMODITY CIR  
17  
ORLANDO, FL 32819 US

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: CAROLINE LARSON

10/08/2009

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: DE SOUZA PAULA, ROZIVAL  
Address: 4630 SOUTH KIRKMAN RD STE 183  
City-St-Zip: ORLANDO, FL 32811 US

Title: VP ( ) Delete  
Name: PAVAN, CLAYTON D  
Address: 4630 SOUTH KIRKMAN RD STE 183  
City-St-Zip: ORLANDO, FL 32811 US

Title: ST ( ) Delete  
Name: FERREIRA SOUZA, GLECIO  
Address: 4630 SOUTH KIRKMAN RD STE 183  
City-St-Zip: ORLANDO, FL 32811 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROZIVAL DE PAULA

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date