

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000119015

1. Entity Name  
ALVARO BRICK PAVERS, INC.



FILED  
08 DEC 12 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2738 ROOSEVELT BLVD  
APT. 1007  
CLEARWATER, FL 33760 US

Mailing Address  
2738 ROOSEVELT BLVD  
APT. 1007  
CLEARWATER, FL 33760 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12102008 REIN-P CR2E098 (1/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DA CRUZ, ALVARO P  
2738 ROOSEVELT BLVD  
APT. 1007  
CLEARWATER, FL 33760

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
DA CRUZ, ALVARO P  
2738 ROOSEVELT BLVD APT. 1007  
CLEARWATER, FL 33760

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

800139105368  
12/17/08--01039--002 \*\*158.75

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☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X *Alvaro P da Cruz*

12/10/08

927-2894841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JC 12/15