

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000010725

**FILED**  
**Oct 10, 2012**  
**Secretary of State**

**Entity Name:** PAVESCAPES INTERLOCKING SYSTEMS, INC

**Current Principal Place of Business:**

309 INDIAN WOMAN ROAD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

309 INDIAN WOMAN ROAD  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 27-4753812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARROQUIN, JAMIE  
309 INDIAN WOMAN ROAD  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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:** JAMIE MARROQUIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARROQUIN, JAMIE  
**Address:** 309 INDIAN WOMAN ROAD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** T  
**Name:** CHACON, JESSICA  
**Address:** 309 INDIAN WOMAN ROAD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** DIRE  
**Name:** LACAYO, ANA  
**Address:** 309 INDIAN WOMAN ROAD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAMIE MARROQUIN

P

10/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date