

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 6:34

DOCUMENT # P94000074218

1. Corporation Name

PAVER MOTION, INC.

Principal Place of Business

6601 LYONS RD
SUITE H 10
COCONUT CREEK FL 33073
US

Mailing Address

6601 LYONS RD
SUITE H 10
COCONUT CREEK FL 33073
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1994

5. FEI Number

65-0535481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BUCCAFUSCO, RAYMOND	12902 HYLAND CIRCLE	BOCA RATON FL
VP	GUERASIO, JOHN	559 NW 39TH AVE	DEERFIELD BEACH FL
S	MARCONI, CHARLES	767 RIVER DELL RD	ORDELL N.
T	GIORDANO, NATHANIAL	360 W. 36TH ST.	NEW YORK NY 10018
			000004655460--6 -10/26/01--01071--026 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BUCCAFUSCO, RAYMOND
559 NW 39TH AVE
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/9/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)