

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 28 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA95000063296**

1. Corporation Name

PAV-TEK USA, INC.

Principal Place of Business

Mailing Address

**5200 North Federal Highway
Suite 2
Ft. Lauderdale, Florida 33308**

SAME

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

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 14, 1995

5. FEI Number

65-0857038

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
Pres.	Henry A. Crivelli	1505 N. Riverside Dr. #601	Pompano Beach, FL 33062
Treas.	Henry A. Crivelli	1505 N. Riverside Dr. #601	Pompano Beach, FL 33062
Secy.	Henry A. Crivelli	1505 N. Riverside Dr. #601	Pompano Beach, FL 33062
Dir.	Henry A. Crivelli	1505 N. Riverside Dr. #601	Pompano Beach, FL 33062

8. Name and Address of Current Registered Agent

**Henry A. Crivelli
1505 N. Riverside Drive, Apt. #601
Pompano Beach, Florida 33062**

9. Name and Address of New Registered Agent

Name

N/A

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

Henry A. Crivelli

REGISTERED AGENT MUST SIGN

Date **8/18/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Henry A. Crivelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry A. Crivelli, President

8/18/98

**R.J. Antonelli, C.P.A.
(781) 937-9300**

Date

Daytime Phone #

CR2E040 (1/98)