

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 9:41

DOCUMENT # P95000063296

1. Corporation Name

PAV-TEK USA, INC.

2. Principal Office Address

5200 North Federal Hwy.

Suite, Apt. #, etc.

Suite 2

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

845 Sandwich Road

Suite, Apt. #, etc.

P.O. Box 717

City & State

Sagamore, MA

Zip

02561

Country

USA

REINSTATEMENT

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. Name and Address of Current Registered Agent

Name

LESLIE T. STAMM

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

5200 North Federal Highway

Suite, Apt. #, Etc.

Suite 2

City

Ft. Lauderdale

State
FL

Zip Code
33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Leslie T. Stamm

Date

11/2/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	HENRY A. CRIVELLI	845 Sandwich Road, P.O. Box 717	Sagamore, MA 02561
V	LESLIE T. STAMM	323 W. Hemingway Circle	Margate, FL 33063

10. 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

Date

11/9/00

Daytime Phone #

781-937-9300

CR2E081 (9/99)