

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED
AND
FILED

05 MAR 14 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077056

1. Corporation Name

PAVE MACHINES, INC

782 NW 42ND AVE
782 NW 42ND AVE

2. Principal Office Address

782 NW 42ND AVE

Suite, Apt. #, etc.

328

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

782 NW 42ND AVE

Suite, Apt. #, etc.

328

City & State

MIAMI, FLORIDA

Zip

33126

Country

US

REINSTATEMENT 03-05

MRS

**4. Date Incorporated or Qualified
To Do Business in Florida 10/09/1995**

5. FEI Number
65-0655929

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

SOLANO, YOLANDA

Street Address (P.O. Box Number is Not Acceptable)
782 NW 42ND AVE

Suite, Apt. #, Etc.
328

City
MIAMI

State
FL

Zip Code
33126

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 03/02/05

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
D/P/S/N	SCARZELLA, EDUARDO R.	782 NW 42ND AVENUE	MIAMI, FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Eduardo R. Scarzella 03/02/05

Date

305-441-2606

Daytime Phone #

CR20081 (01/04)