PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
00 DEC 11 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000096694

1. Corporation Name

PAVING STONE PROPERTIES, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1760 N.W. 22nd Court | 1760 N.W. 22nd Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pompano Beach, FL | City & State: Pompano Beach, FL |
| Zip: 33069 Country: USA | Zip: 33069 Country: USA |

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/1996

5. FEI Number: 65-0184886 — Applied For ☐ Not Applicable ☐ SP

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MORRIS SIGOUIN

Street Address (P.O. Box Number is Not Acceptable): 1760 N.W. 22nd Court

Suite, Apt. #, Etc.:

City: Pompano Beach, State: FL Zip Code: 33069

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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] Date: 12/6/00

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 |
|---|---|---|---|
| P/V/S/D | Morris Sigouin | 1760 N.W. 22nd Court | Pompano Beach, FL 33069 |
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10. I certify that I am an officer or director of 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] 12/6/00 954-970-7292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #