PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 27 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000064734**

1. Corporation Name

**SUNSHINE PAVING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 750 E SAMPLE RD<br>BLDG 3. SUITE 230<br>POMPANO BEACH FL 33064 | 17755 35 PL NORTH<br>LOXAHATCHEE FL 33470 |

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

REINSTATEMENT 2003

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1997

5. FEI Number: 65-0936456 ☐ 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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | MONTES, DOMINIK | 750 E SAMPLE RD | POMPANO BEACH FL 33064 |
| | | | |
| | | | |
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| | | | |

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10/27/03--01027--003 **758.75

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| DOMINIK, MONTES<br>1541 SW 30TH ST STE B<br>FORT LAUDERDALE FL 33315 | Name: Dominik Montes<br>Street Address (P.O. Box Number is Not Acceptable): 17755 35th PL North<br>Suite, Apt. #, Etc.:<br>City: Loxahatchee State: FL Zip Code: 33470 |

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Dominik Montes Date: 10/20/2003
REGISTERED AGENT MUST SIGN

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.

954-650

**SIGNATURE:** Dominik Montes Dominik Montes 10/20/2003 5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #