

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



700008973417  
11/14/02--01001--014 \*\*750.00

DOCUMENT # **P98000015690**

1. Corporation Name

**CLASSIC PAVERS & DESIGN, INC.**

Principal Place of Business

66601 LYONS ROAD STE. H-10  
COCONUT CREEK FL 33073

Mailing Address

66601 LYONS ROAD STE. H-10  
COCONUT CREEK FL 33073

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1998

5. FEI Number

65-0813635

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BUCCAFUSCO, RAY	66601 LYONS ROAD STE. H-10	COCONUT CREEK FL 33073
VP	GLUASIO, JOHN	559 NW 39TH AVE	DEERFIELD BEACH FL 33442
VP	MARCONI, CHARLES	767 RIVER DELL DR	ORADELL NJ 07649
S	GIORDANO, NATANIEL	360 W 36 ST	NEW YORK NY 10018

8. Name and Address of Current Registered Agent

BUCCAFUSCO, RAY  
66601 LYONS ROAD STE. H-10  
COCONUT CREEK FL 33073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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

**SIGNATURE REQUIRED**

Date

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11. 1. 02 954-429-1665