

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99 / 92

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 14 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000038564**

1. Corporation Name

FENIX PAVING CORP.

2. Principal Office Address

10757 SW 104 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800033430608

04/21/04--01028--009 \*\*900.00

**REINSTATEMENT**

99-04

4. Date Incorporated or Qualified  
To Do Business in Florida 04/29/1998

5. FEI Number

☒ 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

NELSON QUINTANA

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

10757 SW 104 ST

Suite, Apt. #, Etc.

City

MIAMI

State  
**FL**

Zip Code  
33176

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

REGISTERED AGENT MUST SIGN

Date 04-13-2004

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/D	NELSON QUINTANA	10757 SW 104 ST	MIAMI, FL 33176
S/T/D	GERARDO HERNANDEZ	10757 SW 104 ST	MIAMI, FL 33176

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:

04-13-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)