

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 13 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# **P98000071762**

1. Corporation Name

**J.J.M. PAVERS, INC.**

2. Principal Office Address

**1510 NE 40th Street**

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

Zip Country

**33064**

**USA**

3. Mailing Office Address

**1510 NE 40th Street**

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

Zip Country

**33064**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/18/1998**

5. FEI Number

**65-0857525**

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

**JULIANA AQUILINO**

**600005027326--1**

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

**3961 N FEDERAL HWY**

**-02/28/02--01067--006**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

City

**POMPAÑO BEACH**

State

**FL**

Zip Code

**33064**

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

Date

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
<b>PVSTD</b>	<b>JASON JOSE MONTEIRO</b>	<b>1510 NE 40th Street</b>	<b>Pompano Beach, FL 33064</b>
			<b>600005027326--1</b>
			<b>-02/28/02--01067--007</b>
			<b>****150.00 ****150.00</b>

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 19.07(3)(1), 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

Date

Daytime Phone #

**01-24-02 (954) 6583974**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2001 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2001  
P98000071762  
JJM PAVERS, INC.

To Whom It May Concern:

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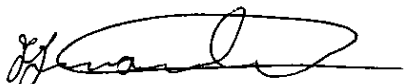
This letter is to inform you that we have never received a  
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra  
fees and penalties other than the primary of \$150.00 and  
accept the filling of our attached UBR, which has been  
prepared by our accountant. WE ARE ENCLOSING EXTRA \$150  
FOR THE FEES OF THE YEAR 2002, TOTALING \$300.

Any questions or concern, feel free to contact our  
accountant at (954) 782-4000 and speak to Mr. Breno Gomes.

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Sincerely,



JASON JOSE MONTEIRO - President  
JJM PAVERS, INC.  
1510 NE 40<sup>th</sup> STREET  
POMPANO BEACH, FL 33064  
Phone (954) 788-2977