



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION


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

FILED
 02 OCT 23 PM 3:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000003049

1. Corporation Name
 Couch Paver Installers, Inc.

2. Principal Office Address
 40962 U.S. hwy. 19 n.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State
 Tarpon Springs, FL

Zip 34689 **Country** US

400008808784
 11/05/02--01062--017 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3075960
 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: Couch, Larry G.
 Street Address (P.O. Box Number is Not Acceptable): 18735 Lansford Dr.
 Suite, Apt. #, Etc.:
 City: hudson State: FL Zip Code: 34667

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: *Larry G. Couch* Date: 10/23/02
 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
	PS Couch, Larry G.	40962 U.S. 19 N	Tarpon Springs, FL 34689

024BR **TS**

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: *Larry G. Couch* Larry G. Couch Date: 10/26/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)

Couch Pavers & Installers, Inc.

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Pavers, Brick, & Turf Specialist • Commercial & Residential

October 23, 2002

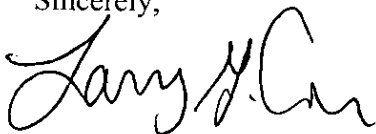
Corporate Filing Office
1201 Hays St.
Tallahassee, FL 32301

Dear Sir or Madam:

In the past I have always received the corporation report form in the mail, but this year I did not receive the necessary paper work

Please find enclosed the corporation reinstatement form, and check for the service fee. I was hoping that under the circumstances the \$600.00 filing fee would be waived at this time. I greatly appreciate your understanding in this matter.

Sincerely,



Larry Couch