

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 26 PM 4:46

TALLAHASSEE, FLORIDA

800057805908
07/25/05--01003--001 **1500.00

DOCUMENT # **P99000021724**

1. Corporation Name

Asphalt Solutions, Inc.

2. Principal Office Address

2107 Moccasin Hollow

Suite, Apt. #, etc.

3. Mailing Office Address

2107 Moccasin Hollow

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34240 USA

Zip

34240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-9-99

5. FEI Number

65-0903838

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

Dallas Guilfoyle

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

2107 Moccasin Hollow

Suite, Apt. #, Etc.

City

Sarasota

State

FL 34240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-20-05

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
Pres	Dallas Guilfoyle	2107 Moccasin Hollow	Sarasota, FL 34240

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in section 607.0505 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-518-9630

CR2E081 (01/05)