

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 23 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000053470

1. Corporation Name

R.S.P. Brick Pavers, Inc.

2. Principal Office Address

300 N Hastings Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

300 N Hastings Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

FL

Country

USA

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1999

5. FEI Number

59-3586973

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

Rozival De Sousa Paula

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

300 N Hastings Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

*Rozival De Sousa Paula*

REGISTERED AGENT MUST SIGN

Date

1-20-04

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
D,P	Rozival de Sousa Paula	300 N Hastings Street	Orlando, FL 32835
D, VP	Glecio Ferreira Sousa	1601 S Hiawaissee Rd, Apt 3512	Orlando, FL 32835
D	Gleudson Ferreira Sousa	1601 S Hiawaissee Rd, Apt 3512	Orlando, FL 32835

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:

*Rozival De Sousa Paula*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04

Date

407-343-0083

Daytime Phone #

CR2E081 (10/02)

2/2

# R.S.P. BRICKPAVERS, INC.

300 N Hastings Street  
Orlando, Fl 32835

January 21, 2004

The Secretary of State  
Division of Corporations  
Reinstatement  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Madam

**Re: Request for Waiver of Reinstatement Fee.**

I am writing to request waiver of the reinstatement fee for my corporation for 2003. I had engaged and paid a professional (Ms. Maria McAdam in Fort Lauderdale) to file the UBR for 2003 in a timely manner and thought that it had been done. However, while applying for exemption (Workers' Comp) recently, I needed a copy of the corporate documents and discovered that the company had been administratively wound up. I received no notice that the company was delinquent as I changed mailing address. Unfortunately, in the meantime Ms. McAdam died.

Your kind consideration would be highly appreciated.

*for Audrey Deer-Williams*  
Rozival de Sousa Paula  
Director/President