

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 27 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

MORELAND CONCRETE, INC.

363881

REINSTATEMENT 97-03

2. Principal Office Address

124 NW 15<sup>TH</sup> STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FLA

City & State

Zip

33000

Country

BEACH

Zip

Country

600019873166  
05/27/03--01042--021 \*\*1630.00

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1970

5. FEI Number

59-1292440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN MORELAND

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

124 NW 15<sup>TH</sup> STREET

Suite, Apt. #, Etc.

City

Pompano Beach

State  
FL

Zip Code

33060

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

John J Moreland

REGISTERED AGENT MUST SIGN

Date 5-21-2003

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
TSD	MARY MORELAND	124 NW 15 <sup>TH</sup> STREET	Pompano Beach, FL 33060
ST	MARIE CULMER	345 NW 15 <sup>TH</sup> STREET	Pompano Beach, FL 33060
PD	JOHN MORELAND	124 NW 15 <sup>TH</sup> STREET	Pompano Beach, FL 33060

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:

Mary Moreland - Mary Moreland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-03

Date

954-946-2521

Daytime Phone #

CR2E081 (10/02)