

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03**

DOCUMENT # **P02000011950**

1. Corporation Name

**M & J CONCRETE CORP.**

Principal Place of Business

29435 S.W. 155TH AVENUE  
HOMESTEAD FL 33033

Mailing Address

29435 S.W. 155TH AVENUE  
HOMESTEAD FL 33033

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/2002

5. FEI Number

75-2972785

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	REDERO, REYNA	29435 S.W. 155TH AVENUE	HOMESTEAD FL 33033
VD	PEREZ, ERIKA C. <i>Erika Perez</i>	29435 S.W. 155TH AVENUE	HOMESTEAD FL 33033
STD	PARRA, ROBERTO	29435 S.W. 155TH AVENUE	HOMESTEAD FL 33033

8. Name and Address of Current Registered Agent

REDERO, REYNA  
29435 S.W. 155TH AVENUE  
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Erika Perez*  
**ERIKA PEREZ**

Date

Daytime Phone #

11-28-03 (786) 258-3809

CR2E040 (7/03)