

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 25 PM 3:40

DOCUMENT # **P98000022411**

1. Corporation Name

**FAST TRACK CONCRETE & MASONRY, INC.**

Principal Place of Business

Mailing Address

6971 ST EDMUNDS LOOP SOUTH EAST  
 FT MYERS FL 33912

6971 ST EDMUNDS LOOP SOUTH EAST  
 FT MYERS FL 33912



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

**REINSTATEMENT 01**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820999

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
P	PARKER, ROBERT L JR	6971 ST EDMUNDS LOOP SOUTH EAST	FT MYERS FL 33912
T	<del>PARKER, MARRIANNE K</del> PARKER MARRIANNE K	6971 ST EDMUNDS LOOP SOUTH EAST	FT MYERS FL 33912

900004698459--8  
 -11/29/01--01051--019  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, ROBERT L JR  
 6971 ST EDMUNDS LOOP SOUTH EAST  
 FT MYERS FL 33912

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-24-01

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:

ROBERT L PARKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-01

Daytime Phone #

941 291 3630

CR2E040 (8/01)