

OCT. -07 99 (THU) 13:41

CSG TALLAHASSEE

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P. 002


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 OCT -8 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 93-99

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V24149			
1. Corporation Name FLORIDA CONCRETE RECYCLING, INC.			
Principal Place of Business 930 S.W. 3RD STREET GAINESVILLE, FL. 32601		Mailing Address	
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
4. Date Incorporated or Qualified To Do Business in Florida 03-27-92		5. FEI Number 59-3112783	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
PRES.	TIMOTHY SCOTT RENFROE	7921 S.W. 122 ST.	GAINESVILLE, FL 32608
V	JULIAN NATHAN RENFROE	18428 S.W. 75 AVE.	ARCHER, FL. 32618
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TIMOTHY SCOTT RENFROE 7921 S.W. 122 ST. GAINESVILLE, FL. 32608		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: <i>Timothy S. Renfro</i> Date: 10-7-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See instructions for information on intangible tax.)			
12. 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 taxes 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)(b), 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: <i>Timothy S. Renfro</i>		Date: 10-7-99 Daytime Phone: 352-372-1237	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			