

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 855204

1. Corporation Name

CEMEX USA CEMENT OF FLORIDA, INC.

FILED
01 JAN 29 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

ONE RIVERWAY, STE. 2200
HOUSTON TX 77056
US

ONE RIVERWAY, STE. 2200
HOUSTON TX 77056
US

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

01/12/1983

5. FEI Number

52-1279101

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GARZA, FRANCISCO	AVE. CONSTITUCION 444 PTE. APDO	MONTERREY, N.L. MEXICO 64000
DP	PEREZ, GILBERTO	AVE. CONSTITUCION 444 PTE. APDO	MONTERREY, N.L. MEXICO 64000
T	SMITH, JEFFREY H	ONE RIVERWAY, STE. 2200	HOUSTON TX 77056
DS	VILLARREAL, RAMIRO	AVE. CONSTITUCION 444 PTE. APDO	MONTERREY, N.L. MEXICO 64000
AS	MORENO, MARCO A	AVE. CONSTITUCION 444 PTE. APDO	MONTERREY, N.L. MEXICO 64000
			500003655515-4 -02/07/01-01021-009 ****763.75 ****763.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name 500003655515-4
Street Address (P.O. Box Number is Not Acceptable) 02/07/01-01021-010
****136.25 ****136.25
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Barbara A Burke
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

1-17-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

713-881-1000

Daytime Phone #