

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000019477

FILED  
Dec 18, 2008  
Secretary of State

Entity Name: AMOROSI CONCRETE CUTTING AND DRILLING, INC.

**Current Principal Place of Business:**

2105 SW 8TH PLACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

2105 SW 8TH PLACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 20-4275042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMOROSI, THOMAS  
2105 SW 8TH PLACE  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS AMOROSI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AMOROSI, THOMAS  
Address: 2105 SW 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP ( ) Delete  
Name: AMOROSI, THOMAS  
Address: 2105 SW 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: SEC ( ) Delete  
Name: AMOROSI, THOMAS  
Address: 2105 SW 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: TR ( ) Delete  
Name: AMOROSI, THOMAS  
Address: 2105 SW 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS AMOROSI

PRES

12/18/2008

Electronic Signature of Signing Officer or Director

Date