

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 18 AM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 197464

1. Corporation Name

**KWIK-MIX CONCRETE CORPORATION**

2. Principal Office Address - No P.O. Box #

**6945 NW 53RD TERR.**

3. Mailing Office Address

**7230 S PRESTWICK PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI LAKES, FL**

Zip

**33166**

Country

**US**

Zip

**33014**

Country

**USA**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/08/1956**

5. FEI Number

**590785505**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

**DAN BROSDAHAN**

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

**7230 S PRESTWICK PL**

Suite, Apt. #, Etc.

City

**MIAMI LAKES**

State

**FL**

Zip Code

**33014**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Daniel Brosnahan III*  
REGISTERED AGENT MUST SIGN

Date **5/16/2007**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	DAN BROSDAHAN	7230 S. PRESTWICK PL	MIAMI LAKES FL 33014
VSD	DAN BROSDAHAN, IV	4139 RICKENBACKER DR	ATLANTA GA 30342

**REINSTATEMENT**

**04-07**

**7001028497??**  
**05/18/07--01028--014 \*\*1200.00**

10. 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 contained in Chapter 119, 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:

*Daniel Brosnahan III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/2007**

Date

Daytime Phone #

**305-822-8015**