- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		PLEASE READ			ONS BEFORE C	OMPLETI	NG THIS FORM.	6 \	
APPLICATION FOR MEINSTANDIEM CONTROL OF THE PROPERTY OF THE PR			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			91	FILED SECRETARY OF STA VISION OF CORPORA	(TE TIONS	
DOCUMENT # 354641 1. Corporation Name						00 NOV 20 PM 6: 40			
•		CRETE PRODUC	CTS, INC.						
						•			
				Mailing Address) 	1811 81811 81811 81811 188 1	
1999 NW 16 POMPANO	6TH \$T. BCH. FL 330 6	9	1999 NW 16TH ST. POMPANO BCH. FL 33069						
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						Date Incorporated or Qualified To Do Business in Florida 10/20/1000			
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		10/30/ 1909			
City & State	9		City & State			59-1285242 Applied For Not Applied by Not Applied For Not Appl		Applied For Not Applicable	
Zip Country		Zip Counti		Country	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Ad		or Director (Flo	rida nonprof	fit corporations must list at lea Street Address of Each				
Title(s) Name of Officers and/or Directors 1				3	Officer and/or Director		City / State / Zip		
PST	ABIGANTUS, PEDRO			2200 N.W. 94 AVE			PEMBROKE PINES FL		
D	ABIGANTUS, PEDRO			2200 N.W. 94 AVE			PEMBROKE PINES FL		
						· · ·C	0000034930107 -12/11/00-01024-011 ****150.00 ****150.00		
							****150.00	****150.00	
						<u> R</u>	2/2		
Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
						O. Box Number	is Not Acceptable)	CRZEGAO (8000)	
1999 NW 16TH ST POMPANO BEACH FL 33069					Suite, Apt. #, Etc.				
I OME AND DENOTE I E 00000					City	City State Zip Code			
10. I, being	g appointed/	he registered agent of the abo	ove named corp	oration, am	familiar with and accept the of	bligations of Sect	ion 607.0505, F.S.	,	
Signature o Registered		Krafilliogan	EGISTERED AG	ENT MUST	EQUIRED		Date /////	7	
this rein	nstatement ap	pplication, the reason for diss ation have been paid and the	olution has been names of individ	eliminated. Juals listed (the corporate name satisfies	the requirements an exemption un	apter 607 or 617, F.S. I further of section 607,0401 or 617,041 der section 119,07(3)(i), F.S. Ti)1, F.S., that all fees	
SIGNA	TURE: į́	SATURE AND TYPESTOR PR	JA 5	RPED	ROFIBLE ANTO	V5	Date	time Phone #	
	4	SIGNATURE AND THE FUR PR	MATER MAINE OF	J.GAING OF	I INTROVIOU		954-97	time Phone # 2 - 0764	

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November 14,2000

Department of State Division of Corporations P.O.Box 6327, Tallahassee,Fl 32314

RE;Sunset Concrete Products Inc UBR-Year 2000 Document # 354641 EIN-59-128524

Gentleman:

Enclosed you will find copy of the Application for Reinstatement Form that we just received in the mail .

In reviewing our records I realized that the Annual Report was not paid. Furthermore I want to inform you that the Annual Report never reach my Office. I did not received any reminder either.

Enclosed is our check for \$150.00 in payment of the Annual Report for the Year 2000.I am hereby requesting abatement of any penalty and filing fee.

This Company was organized in 1967 and all the previous Annual Report have been paid on time. Also all taxes for Federal and State are currently paid

You cooperation on this matter will be appreciated. My office telephone no is 954 972-0754

Very truly yours

Pedro Abigantus, President Sunset Concrete Products 1999 NW 16th Street

Pompano Beach, Fl 33069

354641 (2)

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