PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 684261 96 DEC 20 PM 2: 12 **DOCUMENT#** Bost Concrete Catting, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA 2978 Old Divie Hwy Mailing Address
Pp. Box 451526
Rissimmeo, 71 34745- 1526 Kissimmer, 71 34743 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Address, If Applicable 2. New Principal Office Address, It Applicable fo Do Business in Florida
08-82 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zıp Country Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) Jerald T Natten 2390 Madow Lane Rissimmee H 34744 Yves SECHNI JANET E. NoTter 2390 Mendow La Bissimmer 90002036619---12/24/96--01047--021 ****375.00 *****375. ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Nama Jerald T Nutten 2390 Meadow Ln Wissimmee, 71 34744 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State | Zip Code 10. It being appointed the physicred agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Date 12-16-96 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes X No 🔛 Deat. of Revenue under S. 199.032, Florida Statutes. 12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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., and that all fees ewed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath

SIGNATURE: