

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 03575

1. Corporation Name

U+T CEMENT CONTRACTORS, Inc.

W00-3357

Principal Place of Business

Mailing Address

7193 BURNSVILLE ST.

P.O. Box 885

Englewood, FLA. 34224

Englewood, FLA. 34285-0885

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/80

SF

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2044518

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir	HENRY E. MOORE	7193 BURNSVILLE ST.	Englewood, FLA. 34224

1000003196071-8
-04/05/00--01102--028
***2562.50 ***2562.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY E. MOORE
7193 BURNSVILLE ST.
Englewood, FLA. 34224

Name

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

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

Henry E. Moore

REGISTERED AGENT MUST SIGN

Date Jan. 30, 2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

Henry E. Moore / HENRY E. MOORE, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 2000

Date

Daytime Phone #

(941) 474-6056

CR2E081 (12/98)