

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -3 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F51944

1. Corporation Name

NORTHEAST CONCRETE FLOOR CO., INC.

2. Principal Office Address

6515 NW 22 Ave.

Suite, Apt. #, etc.

City & State

Miami FLA

Zip

33147

Country

DADE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0119753

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

Name

Johnnie Williams JR

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

6515 NW 22 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

100005202941-2
-04/16/02-01065-004
****908.75 ****908.75

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

Johnnie Williams JR

REGISTERED AGENT MUST SIGN

Date 3-22-02

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
PRPS	Johnnie Williams JR	6515 NW 22 Ave	Miami FLA 33147

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 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:

Johnnie Williams JR Johnnie Williams JR 3-22-02 305-836-8345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)