
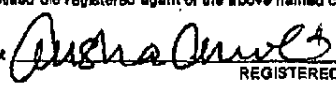
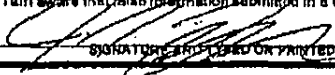


1 of 2 pages

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F9500006998					
1. Corporation Name Mar-Allen Concrete Products, Inc.					
2. Principal Office Address - No P.O. Box # 490 Millway Rd			3. Mailing Office Address 490 Millway Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ephrata, PA			City & State Ephrata, PA		
Zip 17522-9528	Country USA	Zip 17522-9528	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/08/1995	
				5. FEI Number 23-2005143	Applied For Not Applicable
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name C T Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
SUITE, APT. #, ETC.					
City Plantation	State FL	Zip Code 33324			
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 				Date 1/13/2016	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	ZIMMERMAN, JEFFREY	225 S. CONESTOGA VIEW DR		AKRON, PA 17501	
V	ZIMMERMAN, ROZANNE	204 S. CONESTOGA VIEW DR		AKRON, PA 17501	
10. E-mail Address: jzimmerman@marallen.com (To be used for future annual report notification)					
11. 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 owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.					
SIGNATURE: 				01/12/16 717-859-4921 Date Daytime Phone #	
SIGNATURE MUST BE PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

RA 1/13/16

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Division of Corporations

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CORPORATION REINSTATEMENT
MAR-ALLEN CONCRETE PRODUCTS, INC.

Certificate of Status	0
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