

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004036

1. Corporation Name

Concrete Sawing & Sealing, Inc.

REINSTATEMENT 02

7000009156487
11/21/02--01106--015 **750.00

2. Principal Office Address

7750-B Theodore-Dawes Rd.

Suite, Apt. #, etc.

City & State

Theodore, Alabama

Zip

36582

Country

USA

3. Mailing Office Address

P.O. Box 160748

Suite, Apt. #, etc.

City & State

Mobile, Alabama

Zip

36616

Country

USA

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

07/15/98

5. FEI Number

63-1048679

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

Joanne K. Kasper

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

655 Highland Drive, SW

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32962

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

Joanne K. Kasper

REGISTERED AGENT MUST SIGN

Date 11-18-02

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
Pres	Joanne K. Kasper	655 Highland Drive, SW	Vero Beach, FL 32962
VP	Gary Kempken	P.O. Box 281	Rochester, WI 53167

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:

Joanne K. Kasper *Joanne K. Kasper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-02

Daytime Phone #

772-564-9668

CR2E081 (9/01)