


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 DEC 30 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>H90921</u> 1. Corporation Name Florida Sun Cement Co., Inc.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 1101 Harbor Street Fort Pierce, Florida 34950		Mailing Address 1101 Harbor Street Fort Pierce, Florida 34950			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country			
4. Date Incorporated or Qualified To Do Business in Florida 12/20/85		5. FEI Number 65-0058046		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
			SEE EXHIBIT A		
8. Name and Address of Current Registered Agent Juan M. Arimany 1101 Harbor Street Fort Pierce, Florida 34950			9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324		
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date <u>12/30/99</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
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 owed 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 oath.					
SIGNATURE: <u>Jeffrey Smith</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Jeffrey Smith, Assistant Secretary			12/29/99 (713)881-1105 Date Daytime Phone #		