

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAR 21 AM 8:26

DOCUMENT # **J95385**

1. Corporation Name  
**Williams Concrete Pump Service INC.**

2. Principal Office Address

**550 N.E. 3<sup>rd</sup> St.**

Suite, Apt. #, etc.

3. Mailing Office Address

**550 N.E. 3<sup>rd</sup> St.**

Suite, Apt. #, etc.

City & State

**Pompano Beach**

Zip

**33060**

Country

**USA**

City & State

**Pompano Beach**

Zip

**33060**

Country

**USA**

**REINSTATEMENT 19992006**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1987**

5. FEI Number

**59-2848592**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Jeff Williams**

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

**550 N.E. 3<sup>rd</sup> Street**

Suite, Apt. #, Etc.

City

**Pompano**

State

**FL**

Zip Code

**33060**

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

**Jeff Williams**  
REGISTERED AGENT MUST SIGN

Date **March 14, 06**

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.	Jeff Williams	550 N.E. 3 <sup>rd</sup> St.	Pompano, FL 33060

000069062260  
03/30/06--01058--017 \*\*1208.75

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 taxes 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)(b), 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:

**Jeff Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom it may concern,

I did not receive the  
1999 annual report form  
I had a address change  
Thank you for your help

Jaff Williams

Document # I95385

P.S. Eula was of great help to me  
850.245.6059