

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 85 747

1. Corporation Name

Gulf Coast Concrete, Inc.

300023766783
11/20/03--01072--022 **8.75

REINSTATEMENT 03
10/13/03 01098 025 1500

2. Principal Office Address

9425 Shamokin Lane

Suite, Apt. #, etc.

3. Mailing Office Address

9425 Shamokin Lane

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

City & State

Port Richey, FL

Zip

34668

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 5TH 1989

5. FEI Number

59-2943943

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

Stanley Walicki

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

9425 Shamokin Lane

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

[Signature]

Date 11-4-03

REGISTERED AGENT MUST SIGN

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	Stanley Walicki	9425 Shamokin Lane	Port Richey FL 34668

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-03 725 369-4607

Date

Daytime Phone #

CR2E081 (10/02)

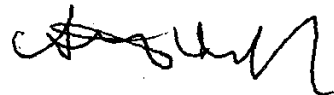
To Whom it may concern,

11-4-03

This is a duplicate of the original
sent on 10-19-03

Called on 11-4-03, person stated never
received copy where you asked for the
officers & directors listed. Any questions
feel free to call me. 727-364-4607

Stanley Walicki



P.S.

Enclosed is a check for \$8.75 for
a certificate of status.

Thank you