

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L09888

1. Corporation Name **HEYD CONCRETE, INC.**

2. Principal Office Address
915 PENNY DR.

Suite, Apt. #, etc.

City & State
TITUSVILLE FL

Zip **32780** Country **BREVARD**

3. Mailing Office Address
11 MAIN STREET

Suite, Apt. #, etc.

SUITE 5
City & State
TITUSVILLE FL

Zip **32796** Country **BREVARD**

REINSTATEMENT

9620

4. Date Incorporated or Qualified
To Do Business in Florida **8-17-89**

5. FEI Number
59-3026200

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
WILLIAM A. HEYD

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

Suite, Apt. #, Etc.

City
TITUSVILLE

State
FL Zip Code
32780

100003398631--5

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*****1350.00 ***1350.00**

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

William Heyd

Date **9/1/00**

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
P/T	WILLIAM A. HEYD	915 PENNY DR.	TITUSVILLE FL 32780
			KE

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:

William Heyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/1/00

Daytime Phone #