

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **MOVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M65614**

1. Corporation Name

PRODUCTION CONCRETE FINISHERS, INC.

Principal Place of Business

Mailing Address

~~8410 S.E. 38TH AVENUE~~
~~#3~~
~~OCALA FL 34480~~

~~P.O. BOX 6057~~
~~OCALA FL 34478-6057~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3550 SW 53RD ST

Suite, Apt. #, etc.

3550 SW 53RD ST.

City & State

OCALA FL

City & State

OCALA FL.

Zip

34474

Country

USA

Zip

34474

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/20/1988

5. FEI Number

59-2870672

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SZKUDLAREK, BRIAN	4170 E. 57TH LANE	OCALA FL
SVD	ELLIS, THOMAS W.	8404 W. RAINBOW OAKS CT.	CRYSTAL RIVER FL
D	ELLIS, THOMAS W.	8404 W. RAINBOW OAKS CT.	CRYSTAL RIVER FL
PD	SZKUDLAREK BRIAN	3550 SW 53RD ST.	OCALA
V.P.	JOHNSON DAVID	5066 PECAN RD.	OCALA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SZKUDLAREK, BRIAN

~~4170 E. 57TH LANE~~

~~OCALA FL 32871~~

3550 SW 53RD ST

OCALA FL. 34474

Name

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

Suite, Apt. #, Etc.

City

100002713221--5

-12/15/98-01078--008

******750.00 State Zip Code 750.00**

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-1-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

Date

12-1-98

Daytime Phone #

352-873-7017

CR2E040 (9/98)