

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 26 AM 8:00

REINSTATEMENT

03-04
MRS

DOCUMENT # M68184

1. Corporation Name

Ace Concrete Pumping, Inc.

2. Principal Office Address

10852 N.W. 13th Ct.

3. Mailing Office Address

10852 N.W. 13th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Fl

City & State

Coral Springs, Fl.

Zip

33071

Country

USA

Zip

33071

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/8/88

5. FEI Number
650033711

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

500029447475
02/26/04--01016--022 **300.00

7. Name and Address of Current Registered Agent

Name

Maureen Higgins

Street Address (P.O. Box Number is Not Acceptable)
10852 N.W. 13th Ct.

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code
33071

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

Maureen Higgins

REGISTERED AGENT MUST SIGN

Date 2/19/04

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.	Maureen Higgins	10852 N.W. 13th Ct.	Coral Springs, Fl. 33071
V.P.	Christopher Michael Higgins	10852 N.W. 13th Ct.	Coral Springs, Fl. 33071

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:

Maureen Higgins Maureen Higgins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 (954) 755-1210

Date

Daytime Phone #

CR2E081 (01/04)