

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 14 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003322

1. Corporation Name

Concrete Systems of Northwest Florida, Inc.

2. Principal Office Address

10227 Gallows Road

3. Mailing Office Address

10227 Gallows Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

Zip

32533

Country

United States

Zip

32533

Country

United States

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

01/05/2000

5. FEI Number

59-3748237

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Joe G. Whitten

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

10227 Gallows Road

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

Joe G. Whitten
REGISTERED AGENT MUST SIGN

Date

5/7/02

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
D/P	Joe G. Whitten	10227 Gallows Road	Cantonment, FL 32533
D	Susan J. Whitten	10227 Gallows Road	Cantonment, FL 32533

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:

Joe G. Whitten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe G. Whitten

Date

5/7/02

Daytime Phone #

(850) 477-3502

CR2E081 (9/01)