

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 11 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000003322

1. Corporation Name

CONCRETE SYSTEMS OF NORTHWEST FLORIDA, INC.

200041731402

10/08/04--01069--002 **908.75

2. Principal Office Address

10227 GALLOWES ROAD

3. Mailing Office Address

10227 GALLOWES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT, FL

City & State

CANTONMENT, FL

Zip

32533

Country

USA

Zip

32533

Country

USA

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

7. Name and Address of Current Registered Agent

Name

JOE G. WHITTEN

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

10227 GALLOWES 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

Susan J Whitten
REGISTERED AGENT MUST SIGN

Date *8-9-04*

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
PD	JOE G. WHITTEN	10227 GALLOWES ROAD	CANTONMENT, FL 32533
D	SUSAN J. WHITTEN	10227 GALLOWES 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:

Susan J Whitten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-9-04 (850) 477-3502

Daytime Phone #