

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 18 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000014076

1. Corporation Name

BEDROCK CONCRETE, INC.
600 JUNIPER DR.
MALABAR, FL 32950

2. Principal Office Address - No P.O. Box #

600 JUNIPER DR
Suite, Apt. #, etc.

3. Mailing Office Address

600 JUNIPER DR
Suite, Apt. #, etc.

City & State

MALABAR

City & State

MALABAR

Zip

32950

Country

Zip

32950

Country

7. Name and Address of Current Registered Agent

Name

MICHAEL ALTAMORE

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

600 JUNIPER DR

Suite, Apt. #, Etc.

City

MALABAR

State

FL

Zip Code

32950

REINSTATEMENT

01-07

4. Date Incorporated or Qualified To Do Business in Florida

02/04/2000

5. FEI Number

05-0985984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/22/07

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 | MICHAEL ALTAMORE | 600 JUNIPER DR | MALABAR, FL 32950 |
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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/07

Daytime Phone #