

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 MAY -2 PH 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # PO00000014155
1. Corporation Name
Capitol Concrete + Design INC.

2. Principal Office Address
27 Bay Pine Dr.
Suite, Apt. #, etc.
City & State
Crawfordville FL
Zip
32327 Country
U.S.

3. Mailing Office Address
1616 B Metropolitan
Suite, Apt. #, etc.
B
City & State
Tall. FL
Zip
32307 Country
Leon

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 2-9-00

5. FEI Number 59-3632916 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 Jon Turner 400005492194-1

Street Address (P.O. Box Number is Not Acceptable) 27 Bay Pine Dr. -05/08/02-01054-024

Suite, Apt. #, Etc.

City Crawfordville State FL Zip Code 32327

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] Date 5-2-02

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>Jon Turner</u>	<u>27 Bay Pine Dr.</u>	<u>Crawfordville FL 32327</u>

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: [Signature] Date 5-2-02 Daytime Phone # 556-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)