

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 NOV -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000018225

1. Corporation Name

ACRYLICRETE, INC.

2. Principal Office Address

208 SE 45TH STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

3. Mailing Office Address

208 SE 45TH STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2000

5. FEI Number

65-0986062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

10/14/03 01056 018 \$758.75
REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

LARROW, PAUL L.

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

3501 DEL PRADO BLVD.

Suite, Apt. #, Etc.

SUITE 312

City

CAPE CORAL

State

FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date 11/05/2003

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 |
|--------|--------------------------------------|---|----------------------|
| DPST | SMITH, STEVEN W. | 208 SE 45TH STREET | CAPE CORAL, FL 33904 |
| D | DAZER, VERONICA L. | 208 SE 45TH STREET | CAPE CORAL, FL 33904 |
| | | | |
| | | | |
| | | | |
| | | | |

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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2003 239-940-5757

Date

Daytime Phone #

CR2E081 (10/02)