

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000044698

1. Corporation Name

CONCRETE CONSULTING, INC.

Principal Place of Business

576 STILL MEADOWS CIRCLE  
PALM HARBOR FL 34683

Mailing Address

P.O. BOX 1176  
SAFETY HARBOR FL 34695

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3138 S. Canal Drive

Suite, Apt. #, etc.

City & State Palm Harbor, FL

Zip 34684 Country USA

3. New Mailing Office Address, If Applicable

3138 S. Canal Drive

Suite, Apt. #, etc.

City & State Palm Harbor, FL

Zip 34684 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/2000

5. FEI Number

59-3642601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BOLTZE, BRUCE E	<del>576 STILL MEADOWS CIRCLE</del> 3138 South Canal Drive	PALM HARBOR FL <del>34683</del> 34684

500025884115  
12/31/03--01024--018 \*\*750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-18-03

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-03

Date

Daytime Phone #

FILED

03 DEC 31 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (7/03)