

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W3433373 4920

DOCUMENT # P00000094074

1. Corporation Name

Concrete Works By Bryant, Inc.

2. Principal Office Address

12106 77<sup>th</sup> St. E.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Parrish, FL

City & State

Zip

34219

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-04-00

5. FEI Number

59-3689595

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

Bryant D. Wilcox

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

12106 77<sup>th</sup> St. E.

Suite, Apt. #, Etc.

City

Parrish

800028152828

02/03/04-01053-022 \*\*300.00

800028152828

02/24/04-01038-006 \*\*150.00

State  
FL

Zip Code  
34219

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

Bryant D. Wilcox  
REGISTERED AGENT MUST SIGN

Date 1-23-04

**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
<u>PD</u>	<u>Bryant D. Wilcox</u>	<u>12106 77<sup>th</sup> St. E.</u>	<u>Parrish, FL 34219</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:

Bryant D. Wilcox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-04

Daytime Phone #

941-650-  
0226

**REINSTATEMENT**

02-04

MRS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:00