

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 19 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106 809

1. Corporation Name

Manor concrete pumping corp inc

2. Principal Office Address

12195 NE 2ave

Suite, Apt. #, etc.

City & State

N. Miami Fla.

Zip

33161

Country

Dade

3. Mailing Office Address

1565 NW 128 ST

Suite, Apt. #, etc.

City & State

N. Miami Fla.

Zip

33167

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/00

5. FEI Number

65-1060417

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

Jean B. Bonaney

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

12195 NE 2ave

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33161

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

Jean B. Bonaney
REGISTERED AGENT MUST SIGN

Date

4/17/02

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	Jean B. Bonaney	12195 NE 2ave.	N. Miami Fla. 33161
V	Ruel Howard	3670 SW 60 ave	Dade Fl. 33314
V	Quincy Arnett	1565 NW 128 st	N. Miami Fl. 33167

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean B. Bonaney

Date

4/17/02 (954) 818 2020

Daytime Phone #

4/26/02

To whom it may concern:
I Gear Boranay president of
Manes Concrete Pumping Inc.
mail the first notice report
for 2001, I didn't receive or
heard anything further. Due to
the incorrect address listed for
the business, I would like for
the late fees to be waived.
The correct address is: 15195 N.E. 2nd Ave.
North Miami, Fl 33161

Thank You
Gear Boranay