

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -2 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P01000037742

E & R, Cement, Inc.

2. Principal Office Address - No P.O. Box #

929 ANDREWS RD

3. Mailing Office Address

929 ANDREWS RD

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

WEST PALM BCH FL

City & State

SAME

Zip

33405

Country

PALM BCH

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-2001

5. FEI Number
65-1107305

☒ 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

CHUCK CUNNINGHAM

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

929 ANDREWS RD

Suite, Apt. #, Etc.

City

WEST PALM BCH

State

FL

Zip Code

33405

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Eddie J Cunningham

REGISTERED AGENT MUST SIGN

Date

11/30/09

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
DMO	EXZAVIA CY CUNNINGHAM	929 ANDREWS RD	WEST PALM BCH 33405
DMO	QUIANA T CUNNINGHAM	929 ANDREWS RD	WEST PALM BCH 33405
PRES	EDDIE J CUNNINGHAM	929 ANDREWS RD	WEST PALM BCH 33405

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 contained in Chapter 119, 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:

Eddie J Cunningham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/09

Daytime Phone #