

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 11 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052696

1. Corporation Name

Howard Concrete Const. Inc.

2. Principal Office Address

5262 Lescot Lane

Suite, Apt. #, etc.

City & State

Orlando, FLA

Zip

32811

Country

Orange

3. Mailing Office Address

5530 Arnold Palmer Dr.

Suite, Apt. #, etc.

928

City & State

Orlando, FLA

Zip

32811

Country

Orange

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2001

5. FEI Number

59-3720574

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

John Edward Howard

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

5530 Arnold Palmer Dr.

Suite, Apt. #, Etc.

928

City

Orlando

State

FL

Zip Code

32811

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

John E. Howard

REGISTERED AGENT MUST SIGN

Date

6/11/04

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
President	John E. Howard	5530 Arnold Palmer Dr # 928	Orlando, FLA 32811

700038206627
06/23/04--01087--016 **300.00

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:

John E. Howard John E. Howard

6/11/04

(407)391-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2012

6/11/04

To Whom This May Concern:
I John E. Howard Did Not
Received the year of 2002
Annual Report.

John E. Howard