

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 11 AM 11:27

DOCUMENT # PO1000075872

1. Corporation Name

A.F. Concrete, Inc.

2. Principal Office Address

747 Violet Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32308

Leon

3. Mailing Office Address

Post Office Box 1367

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32302

Leon

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/2001

5. FEI Number

59-3734889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angela Wallace, P.A.

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

462 West Brevard Street

Suite, Apt. #, Etc.

Tallahassee, FL 32301

City

Tallahassee

State

FL

Zip Code

32301

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

Angela Wallace

REGISTERED AGENT MUST SIGN

Date

5-11-04

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
P, VP T, S	Anthony Footman	747 Violet Street	Tallahassee, FL. 32308

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:

Anthony Footman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

Daytime Phone #

(850) 942-0065

CR2E081 (10/02)