## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P01000082835

1. Corporation Name

BLANCHARD CONCRETE PUMPING, INC.

Principal Place of Business

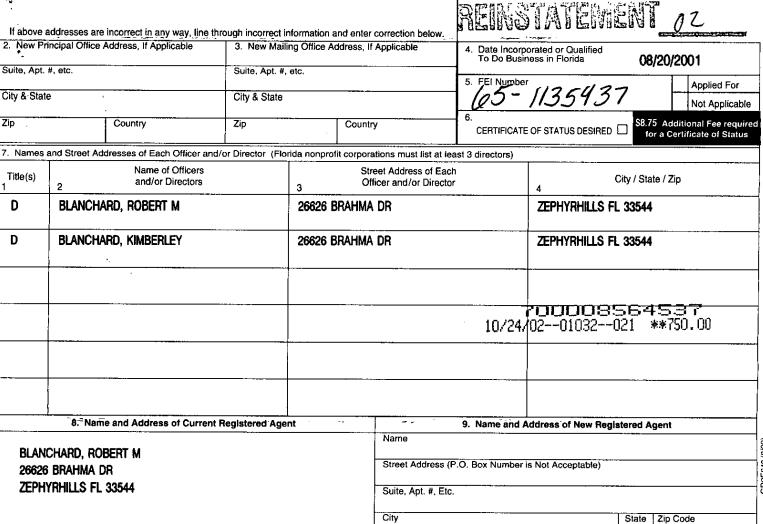
Mailing Address

26626 BRAHMA DR ZEPHYRHILLS FL 33544

26626 BRAHMA DR ZEPHYRHILLS FL 33544 FILED

02 OCT 22 PM 12: 35

SECRETARY OF STATE TALLAHASSEE. FLORIDA



11. 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.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of

10-21-03 813-973-2119
Date Daytime Phone #

CR2E040 (8/02)