

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000100978

1. Corporation Name

Posey's Concrete, Inc.

2. Principal Office Address

34048 Cherokee Ln

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33543

Country

USA

3. Mailing Office Address

34048 Cherokee Ln

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33543

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified

To Do Business in Florida: 10-18-2001

5. FEI Number

59-3749146

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

Brian Posey

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

34048 Cherokee Ln

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33543-5041

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 10-29-03

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
POD	Posey, Brian A	34048 Cherokee Ln Zephyrhills, FL 33543	Zephyrhills, FL 33543
VPD	Posey, Conrad D.	34048 Cherokee Ln Zephyrhills, FL 33543	Zephyrhills, FL 33543

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03

Date

Daytime Phone #

(813) 267-2133

CR2E081 (10/02)

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**Posey's Concrete,
Inc.**

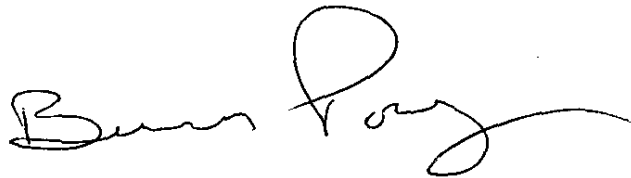
34048 Cherokee Lane
Zephyrhills, FL 33543

October 22, 2003

Department of State

Please accept this return as filed on time. The mailing address was changed and we did not receive the original paperwork. We are enclosing a check for \$300.00 with a copy of the return. Thank you for your cooperation.

Sincerely,



10-29-03

Brian Posey
President

Thank you