

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 21 PM 12:42

DOCUMENT # P01000113065

1. Corporation Name

SUNCOAST CONCRETE FINISHES, INC.

2. Principal Office Address

1824 NE 7th PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

FLORIDA

Zip

33909

Country

LEE

Zip

33909

Country

LEE

B 2/21/06
03-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

11-29-01

5. FEI Number

EIN 63-0372828

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

CHARLES J. O'CONNELL

Street Address (P.O.)

1824 NE 7th PLACE

Suite, Apt. #, Etc.

City

CAPE CORAL, FL

State

FL

33909

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

Charles J O'Connell

Date

02/03/06

REGISTERED AGENT MUST SIGN

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
PIO	CHARLES J. O'CONNELL	1824 NE 7th PL CAPE CORAL 33909	CAPE CORAL, FL 33909
			100062325491 03/09/06--01019--019 **150.00
			100062325491 12/21/05--01030--005 **1058.75

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:

Charles J O'Connell

12-2-05

239-574-8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #