

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

10 JAN 12 AM 8:24

DOCUMENT # P01000118048

1. Corporation Name

Joe's Concrete Inc

2. Principal Office Address - No P.O. Box #

43349 Bear Lake Blvd

Suite, Apt. #, etc.

City & State

Deland FL

Zip

32720

Country

Lake

3. Mailing Office Address

43349 Bear Lake Blvd

Suite, Apt. #, etc.

City & State

Deland FL

Zip

32720

Country

Lake

REINSTATEMENT

12/07

2009^{KS}

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-2001

5. FEI Number

59-3758860

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

Angel Strehle

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

43349 Bear Lake Blvd

Suite, Apt. #, Etc.

City

Deland FL 32720

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

Angel Strehle

REGISTERED AGENT MUST SIGN

Date

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	Joe Strehle Jr	43349 Bear Lake Blvd	Deland FL 32720
V. Pres	Angel Strehle	43349 Bear Lake Blvd	Deland FL 32720

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 contained in Chapter 119, 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:

Angel Strehle Angel Strehle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-10

Date

352669-1512

Daytime Phone #