

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P02000002446

1. Corporation Name

CEMENTEC INDUSTRIES INC.

Principal Place of Business

Mailing Address

250 MIRROR LAKE DRIVE NORTH
ST. PETERSBURG FL 33701

250 MIRROR LAKE DRIVE NORTH
ST. PETERSBURG FL 33701

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2002

5. FEEL Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZALVIDA, JORGE	250 MIRROR LAKE DRIVE NORTH	ST. PETERSBURG FL 33701
D	JORGE, ZALVIDA	2501-22 ND AVE N. suite 1015	St. Petersburg FL 33713

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

JORGE ZALVIDA

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

2501 22ND AVE NORTH

Suite, Apt. #, Etc.

#1015

City

St. Petersburg

State

FL

Zip Code

33713

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
Registered Agent

Jorge Zalvida
REGISTERED AGENT MUST SIGN

Date 10-10-03

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.

SIGNATURE:

Jorge Zalvida
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-323-7301
10-10-03

CR2E040 (7/03)

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

~~We didn't receive prior URB notices. Enclosed are the filing fees.~~

Sincerely,

A handwritten signature in cursive script that reads "Rowena Chiappo". The signature is written in dark ink and includes a stylized flourish at the end.

Rowena Chiappo
President