


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

|   |   |
|---|---|
| <b>DOCUMENT # P02000018299</b><br>1. Entity Name<br><b>FRANK CONCRETE PUMPING CORP.</b> |  |
|---|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 17 PM 1:15

600157351316  
06/17/09--01003--017 \*\*300.00



|   |   |
|---|---|
| Principal Place of Business<br><b>645 W. 31 ST.<br/>HIALEAH, FL 33012</b> | Mailing Address<br><b>645 W. 31 ST.<br/>HIALEAH, FL 33012</b> |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

06162009 REIN-P CR2E098 (1/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-2651515</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>RODRIGUEZ, FRANCISCO<br/>645 W. 31 ST.<br/>HIALEAH, FL 33012</b> | 7. Name and Address of New Registered Agent                |
|  | Name   |
|  | Street Address (P.O. Box Number is Not Acceptable)         |
|  | City <span style="float: right;"><b>FL</b> Zip Code</span> |

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS  |   |   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |
|---|---|---|---------------------------------|-----------------------------|---------------------------------|----------------------|----------------------------|--|--|--|---------------------------------|--|--|---------------------------------|--|--|---------------------------------|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">PD</td> <td style="padding: 5px;"><b>RODRIGUEZ, FRANCISCO</b></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"><b>645 W. 31 ST.</b></td> <td style="padding: 5px;"><b>HOMESTEAD, FL 33012</b></td> <td style="padding: 5px;"></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">PD</td> <td style="padding: 5px;"><b>RODRIGUEZ, FRANCISCO</b></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"><b>645 W. 31 ST.</b></td> <td style="padding: 5px;"><b>HOMESTEAD, FL 33012</b></td> <td style="padding: 5px;"></td> </tr> </table> | PD                              | <b>RODRIGUEZ, FRANCISCO</b> | <input type="checkbox"/> Delete | <b>645 W. 31 ST.</b> | <b>HOMESTEAD, FL 33012</b> |  |  |  | <input type="checkbox"/> Delete |  |  | <input type="checkbox"/> Delete |  |  | <input type="checkbox"/> Delete |  |  | <input type="checkbox"/> Delete |
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| PD  | <b>RODRIGUEZ, FRANCISCO</b>   | <input type="checkbox"/> Delete   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |
| <b>645 W. 31 ST.</b>  | <b>HOMESTEAD, FL 33012</b>  |   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |
|   |   | <input type="checkbox"/> Delete   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |
|   |   | <input type="checkbox"/> Delete   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |
|   |   | <input type="checkbox"/> Delete   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |
|   |   | <input type="checkbox"/> Delete   |                                 |                             |                                 |                      |                            |  |  |  |                                 |  |  |                                 |  |  |                                 |  |  |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |
|---|---|---|--|--------------------------|--|------------------------|---------------------------|--|--|--|---|--|--|---|--|--|---|--|--|---|
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| Secretary   | <b>Cilda M. CARBALLO</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |
| <b>14440 SW 286 ST</b>  | <b>HOMESTEAD FL 33032</b>   |   |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |
|   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                          |  |                        |                           |  |  |  |   |  |  |   |  |  |   |  |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #