

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV -4 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000021641**

1. Corporation Name

**BOCK'S CONCRETE, INC.**

Principal Place of Business

2135 LADY DI LANE  
JACKSONVILLE FL 32246

Mailing Address

2135 LADY DI LANE  
JACKSONVILLE FL 32246

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-0395752

Not Applicable

Zip

Country

Zip

Country

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
P	BOCKLAGE, BARRETT	2135 LADY DI LANE	JACKSONVILLE FL 32246
			400024412084 11/04/03--01047--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOCKLAGE, BARRETT  
2135 LADY DI LANE  
JACKSONVILLE FL 32246

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Debra Bocklage*

Date

REGISTERED AGENT MUST SIGN

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:

*Debra Bocklage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-03 904-220-4905

Daytime Phone #

CR2ED40 (7/03)