	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	И.	
APPLICATION FLOR FOR REINSTATEMENT			ORIDA DEPARTMENT OF STATE  Glenda E. Hood  Secretary of State  DIVISION OF CORPORATIONS		DAJIH OB NOV 10 PM 2: 36			
DOCU	JMENT # P02000	4		SECHETARY OF STATE FALLAHASSEE, FLORIDA				
OANE'S CONCRETE SERVICES, INC.						and a supplied to the Collins	JPA .	
Principal Pla	ce of Business	Mailing Addre	Mailing Address					
2910 APALOC DELTONA FL			2910 APALOOSA TRAIL DELTONA FL 32738					
If above ad	Idractics are incorrect in any way. Jing the	augh incorrect is	nformation and ontor	correction below	REINS	TATEMEN	VT 03	
If above addresses are incorrect in any way, line through incorre  New Principal Office Address, If Applicable  3. New M			Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     03/21/2002			
Suite, Apt. #	, etc.	_	Suite, Apt. #, etc.  City & State		5. FEI Number		Applied For	
City & State	Country	Zip Country		v	6.	631822	<ul> <li>Not Applicable</li> <li>S8.75 Additional Fee require</li> </ul>	
	nd Street Addresses of Each Officer and/	<u> </u>	rida ponerofit corpora	ations must list at lea	<u> </u>	OF STATUS DESIRED L	for a Certificate of Status	
Title(s)	Name of Officers and/or Directors	Str	eet Address of Each ficer and/or Director		City / State / Zip			
PRES. MARKT. LOANE			2910 F	Apaloosi	A TRAIL	DeltoNA ;	FLH 32738	
				, ———		, ————————————————————————————————————		
				ı	· <u>-</u>		** <u>**</u> ****	
					700024575157 11/10/0301117017 **150.00			
		1.00						
	1 25000							
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent			
LOANE, MARK T 1251 CATALINÀ BLVD. DELTONA FL 32725				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
								City State Zip Code
				0. I, being a	appointed the registered agent of the abo	ve named corpo	pration, am familiar w	ith and accept the ob
-	•	•		•		1	1	

Signature of Registered Agent

RED AGENT MUST SIGN

11/06/03

Date

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:** 

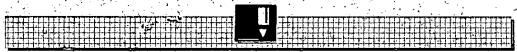
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

386-228-42

Daytime Phone

## LOANE'S CONCRETE SERVICES, INC.



2910 APALOOSA TRAIL DELTONA, FLORIDA 32725 Phone 386-228-4294 t Fax 386-228-4297

NOVEMBER 3,2003

TO THE DEPT. OF STATE, GLENDA E. HOOD SECRETARY OF STATE

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

TO THE OFFICE OF THE DIVISION OF CORPORATIONS,

I MARK LOANE JUST RECENTLY RECEIVED A NOTICE OF DISSOLUTION. I CALLED YOUR 800 NUMBER AND WAS INFORMED THAT THIS DOCUMENTATION IS REQUIRED BY THE STATE OF FLORIDA TO BE FILED EVERY YEAR. WHEN I SPOKE TO ONE OF YOUR REPRESENTATIVES THEY TOLD ME TO WRITE THIS LETTER EXPLAINING WHY WE HAD NOT FILED BETWEEN THE DATES SHOWN. AS YOU CAN SEE WE ARE A NEW CORPORATION IN THE STATE OF FLORIDA AND ARE TRYING TO MEET ALL THE REQUIREMENTS THAT ARE NEEDED. WE DID NOT REALIZE WE NEEDED TO FILE THIS INFORMATION EVERY YEAR.

I-WOULD APPRECIATE IT-IF YOU COULD SEND ME SOME INFORMATION ON THE PROPER WAY TO FILE THIS INFORMATION IN THE FOLLOWING YEARS. THANK YOU AND I APPRECIATE YOUR TIME AND CONSIDERATION OF THIS MATTER.

FEN # 04 363 18 22

MARK T. LOANE

SINCERELY