

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 10 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000033754**

1. Corporation Name

LOANE'S CONCRETE SERVICES, INC.

Principal Place of Business

Mailing Address

2910 APALOOSA TRAIL
DELTONA FL 32738

2910 APALOOSA TRAIL
DELTONA FL 32738

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

03/21/2002

5. FEI Number

04-3631822

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	MARK T. LOANE	2910 APALOOSA TRAIL	DELTONA FLA 32738

700024576157

11/10/03--01117--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOANE, MARK T
1251 CATALINA BLVD.
DELTONA FL 32725

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/06/03

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:

[Signature] MARK T. LOANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03 386-228-4294

Daytime Phone #

CR2E040 (7/03)

LOANE'S CONCRETE SERVICES, INC.



2910 APALOOOSA 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.

FEIN # 043631822

SINCERELY,

MARK T. LOANE