

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000049136

1. Corporation Name

A.N.W. CONCRETE PUMPING, INC.

Principal Place of Business

216 THRUSH AVE
SEBRING FL 33872

Mailing Address

216 THRUSH AVE
SEBRING FL 33872

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2002

5. FEI Number

710883504

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
PVST	WIPPEL, CLARENCE J	216 THRUSH AVE	SEBRING FL 33872

500023767835

10/13/03--01101--010 **150.00

8. Name and Address of Current Registered Agent

WIPPEL, CLARENCE J
216 THRUSH AVE
SEBRING FL 33872

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

FILED

03 OCT 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

10-8-03

To Whom It May Concern;

I am writing this letter to you regarding the reinstatement of our business.

Today, October 8, 2003 I received a notice of Administrative Dissolution or Revocation.

I was shocked to find this letter in my mail box.

I didn't realize that I had to reinstate every year.

I called the number on the papers as it said to do if you have any questions when I had spoke to a lady in that department she told me that I should have received the filing papers in the mail, I then got off the phone and looked in my filing cabinet to see if I over looked these papers and found nothing.

I am the one who takes care of all our bills and I am the one who receives all the mail, I have NOT received anything that had to do with the reinstating of our company.

I have enclosed the amount of \$150.00 for the reinstatement of our business as told to me from a representative.

Thank you so much for your cooperation
A.N.W. CONCRETE PUMPING, INC

A handwritten signature in black ink, appearing to be "A. N. W. Concrete Pumping, Inc." or similar, written in a cursive style.