

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 26 AM 8:00

DOCUMENT # P02000066406

1. Corporation Name

QUALITY CONCRETE INC.

REINSTATEMENT 03-04

300027544373
01/26/04--01012--003 **150.00

300027544373
01/26/04--01012--002 **150.00

MRS

2. Principal Office Address

15359 S.W. 33 LN

3. Mailing Office Address

15359 S.W. 33 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

US

Zip

33185

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

5. FEI Number

45-0481081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OSCAR PARAMO

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

15359 S.W. 33 LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 01/16/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	OSCAR PARAMO	15359 S.W. 33 LN	MIAMI, FL 33185

10. 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

01/16/2004 305-225-8167

Date

Daytime Phone #

CR2081 (10/02)