

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03 OCT 29 PM 6:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069807

1. Corporation Name

EAST COAST CONCRETE, INC.

Principal Place of Business

2770 N.E. 15TH STREET  
FORT LAUDERDALE FL 33304

Mailing Address

2770 N.E. 15TH STREET  
FORT LAUDERDALE FL 33304

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

06/25/2002

5. FEI Number

02-0628016

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                       |
|---------------|---|--|---|
| D             | CASTELLO, ANGELO                          | 2770 N.E. 15TH STREET                                  | FORT LAUDERDALE FL 33304                      |
| D             | FOLEY, BRIAN                              | 2770 N.E. 15TH STREET                                  | FORT LAUDERDALE FL 33304                      |
|               |   |  | 500024265885<br>10/30/03--01007--023 **750.00 |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

FOLEY, BRIAN  
2770 N.E. 15TH STREET  
FORT LAUDERDALE FL 33304

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

*Brian Foley*  
REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

*Brian Foley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

CR2040 (7/03)