

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE
AND
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP -1 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000072276

1. Corporation Name

Hosea Wallace Concrete Inc

2. Principal Office Address

6 Barton Pl

Suite, Apt. #, etc.

3. Mailing Office Address

6 Barton Pl

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip 32137

Country

US

City & State

Palm Coast, FL

Zip 32137

Country

US

REINSTATEMENT

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-02

5. FEI Number

85-6469562

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

Hosea Wallace

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

6 Barton Pl

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

Hosea Wallace

Date 08-30-06

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
P	Hosea Wallace	6 Barton Pl	Palm Coast, FL 32137
VP	Hosea Wallace	6 Barton Pl	Palm Coast, FL 32137
S	Hosea Wallace	6 Barton Pl	Palm Coast, FL 32137
T	Hosea Wallace	6 Barton Pl	Palm Coast, FL 32137

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 contained in Chapter 119, 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:

Hosea Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-30-06

Date

(386)

912-2401

Daytime Phone #

9/5aw

ABILIFY™
(aripiprazole)

2/2

To Whom it may concern.

I Hosea Wallace do say that
I did not receive the Annual Report
Notices for the year of 2003

I have Inclosed all Fees for reinstatement
and for Certificate of Status

Total - \$608⁷⁵

New Address:

6 Banton Pl

Palm Coast, FL 32137

Thank you, Hosea Wallace