

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 12 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000093138**

1. Corporation Name
JAMES DAVIS CONCRETE, INC.

2. Principal Office Address
2420 66TH AVE S

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip
33712

Country

3. Mailing Office Address
2420 66TH AVE S

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip
33712

Country

REINSTATEMENT 03-04 TR

4. Date Incorporated or Qualified To Do Business in Florida **8/26/02**

5. FEI Number
11-3645065

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
JAMES DAVIS

Street Address (P.O. Box Number is Not Acceptable)
2420 66TH AVE S

Suite, Apt. #, Etc.

City
ST. PETERSBURG

State
FL

Zip Code
33712

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

REGISTERED AGENT MUST SIGN

Date **5/5/04**

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
PRES	JAMES DAVIS	2420 66TH AVE S	ST. PETERSBURG, FL 33712

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

5/5/04 (727) 418-5035

Date

Daytime Phone #

CR2E081 (01/04)