

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000101039

1. Corporation Name

C & M CONCRETE FORMING, INC.

2. Principal Office Address - No P.O. Box #
14601 LAKE CANDLEWOOD CT.

3. Mailing Office Address
14601 LAKE CANDELWOOD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL.

City & State
MIAMI LAKES, FL.

Zip
33014

Country
USA

Zip
33014

Country
USA

7. Name and Address of Current Registered Agent

Name
CARLOS ABREU

Street Address (P.O. Box Number is Not Acceptable)
14601 LAKE CANDLEWOOD CT.

Suite, Apt. #, Etc.

City
MIAMI LAKES

State
FL

Zip Code
33014

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/18/2007**

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
DP	CARLOS ABREU	14601 LAKE CANDLEWOOD CT.	MIAMI LAKES, FL. 33014
SEC	MARTA ABREU	14601 LAKE CANDLEWOOD CT.	MIAMI LAKES, FL. 33014

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:

[Signature] **CARLOS ABREU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2007

Date

(786)251-5696

Daytime Phone #

FILED

07 APR 26 PM 1:23

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **9/18/2002**

5. FEI Number
16-1618847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.