

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 02000130530

1. Corporation Name

Seminole Concrete Pumping Inc.

2. Principal Office Address

2074 Old Train Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 8

Suite, Apt. #, etc.

City & State

Deltona FL.

City & State

Osteen FL.

Zip

32738

Country

Volusia

Zip

32764

Country

Volusia

**REINSTATEMENT** 03-04

11/30/04 01051 013 375.00

4. Date Incorporated or Qualified To Do Business in Florida

DEC. 11, 02

5. FEI Number

90-0063723

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 Frable

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

2074 Old Train Rd.

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

James Frable  
REGISTERED AGENT MUST SIGN

Date 2-27-04

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
<u>VICE pres.</u>	<u>Christina Arndt</u>	<u>2074 Old Train Rd.</u>	<u>Deltona FL. 32738</u>

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:

James Frable  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

Daytime Phone #

CR2E081 (10/02)

1-30-04

Seminole Concrete Pumping Inc.

P.O. Box 8

Osteen, FL 32764

Office 386-532-7692

Fax 386-532-7693

Cell 407-402-3519

To : Division of Corporations

From : James Frable

Date : Jan . 27, 2004

Please take into consideration that we apologize for any inconvenience it may have caused to dissolve our corporation . We moved since we became incorporated and never received the paperwork stating fees , etc . We are more than willing to comply . Please understand that we had inadequate representation or help from our accountant at that time ( Wilder accounting ) . They never helped us with any knowledge about being incorporated . Now we are aware of the \$150 charge per year due by May 1<sup>st</sup> . We now have a new accountant which is very helpful in assisting us with these aspects . We ask you now to please waive any reinstatement fee we may be facing . We are a small company and are struggling as it is now . We are also being held up on work and payments because we were not aware we were inactive . We are sending \$300. attached for 2003 and 2004 dues . Again we appreciate your time , We are all Busy . Thank you for your consideration . Please note new address above .

James Frable - President