

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000014266

1. Entity Name
KOKIS'S CONCRETE, INC.



FILED

04 NOV -9 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1012 VOTAW ROAD
APOPKA, FL 32703

Mailing Address
1012 VOTAW ROAD
APOPKA, FL 32703



2. Principal Place of Business
231 SECURITY CIR.
Suite, Apt. #, etc.

3. Mailing Address
231 SECURITY CIR.
Suite, Apt. #, etc.

11052004 REIN-P CR2E098 (6/04)

City & State
OCOE FL.
Zip
34761
Country
USA

City & State
OCOE FL.
Zip
34761
Country
USA

4. FEI Number
32-0054349
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JORGE
1012 VOTAW ROAD
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASTILLO, JORGE
1012 VOTAW ROAD
APOPKA, FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CASTILLO, RAUL
902 SABRINA DR.
OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800042605608
11/09/04--01065--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jorge Castillo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/04

Date

Daytime Phone #