

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 20 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000093103

1. Corporation Name

AMERICAN FARMING & PRECAST, INC.

2. Principal Office Address - No P.O. Box #

3143 NE 14TH ST.

Suite, Apt. #, etc.

SUITE 101

City & State

Ocala, FL

Zip

34470

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

08-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 25, 2003

5. FEI Number

571185735

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

EMERSON J. CLAUSSE III

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

3143 NE 14TH ST

Suite, Apt. #, Etc.

SUITE 101

City

Ocala

State

FL

Zip Code

34470

☒ 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.

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

Emerson J. Clauss III

REGISTERED AGENT MUST SIGN

Date 10-14-09

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	EMERSON J. CLAUSSE III	3365 SE 1ST AV.	Ocala, FL 34471
VP	SUSAN CLAUSSE	3365 SE 1ST AV.	Ocala, FL 34471
S	EMERSON J. CLAUSSE III	3365 SE 1ST AV.	Ocala, FL 34471
T	EMERSON J. CLAUSSE III	3365 SE 1ST AV.	Ocala, FL 34471
VA	EMERSON J. CLAUSSE IV	3365 SE 1ST AV.	Ocala, FL 34471

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:

Emerson J. Clauss III

PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-09

Date

352-812-2975

Daytime Phone #

10/20/09