

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000116622

1. Corporation Name

JOHN O'BRIEN CONCRETE INC.

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

2390 TAMiami TR. N.

Suite, Apt. #, etc.

SUITE 206

City & State

NAPLES FL

Zip

34103

Country

USA

3. Mailing Office Address

2390 TAMiami TR. N.

Suite, Apt. #, etc.

SUITE 206

City & State

NAPLES FL

Zip

34103

Country

USA

7. Name and Address of Current Registered Agent

Name

JOHN O'BRIEN

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

2390 TAMiami TRAIL NORTH

Suite, Apt. #, Etc.

SUITE 206

City

NAPLES

State

FL

Zip Code

34103

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

John O'Brien

REGISTERED AGENT MUST SIGN

Date

3-31-10

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	JOHN O'BRIEN	46 S. KELLY #206 2390 TAMiami TR. N.	NAPLES FL 34103

10. E-mail Address:

SNKCPA78@Comcast.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

John O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN O'BRIEN, PRES.

Date

Daytime Phone #

FILED
10 APR -2 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900174298219
04/02/10--01032--019 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

08/11/2003

5. FEI Number

02-0701074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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.