


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED
04 DEC -9 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000126278

1. Entity Name
KEITH HARTMANN CONCRETE PUMPING, INC.



Principal Place of Business
1420 16 TH AVE NE
NAPLES, FL 34120

Mailing Address
1420 16 TH AVE NE
NAPLES, FL 34120

REINSTATEMENT



2. Principal Place of Business
1420 16th AVE NE

3. Mailing Address
1420 16th AVE NE Naples Fla
34120

11182004 REIN-P CR2E098 (6/04)

City & State
Naples Fla

City & State
Naples Fla 34120

4. FEI Number
52-2414851

Applied For
Not Applicable

Zip
34120

County
Collier

Zip
34120

County
Collier

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

6. Name and Address of Current Registered Agent
INCORPORATE-USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent
Name
Keith Hartmann
Street Address
1420 16th AVE NE
City
Naples Fla 34120 FL Zip
34120

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: *Keith Hartmann* DATE: 11/24/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. HARTMANN, KEITH P 1420 16 TH AVE NE NAPLES, FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900043300659 12/09/04--01029--011 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/04

860-6849

Daytime Phone #