

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138277

1. Entity Name
FANIEL CONCRETE & LAYOUT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 29 PM 3:06

Principal Place of Business
PO BOX 793
LAKE HAMILTON, FL 33851

Mailing Address
PO BOX 793
LAKE HAMILTON, FL 33851

2. Principal Place of Business
PO BOX 793
Suite, Apt. #, etc.

3. Mailing Address
PO BOX
Suite, Apt. #, etc.
793

City & State
LAKE HAMILTON, FL
Zip
33851
Country
POIK

City & State
LAKE HAMILTON, FL
Zip
33851
Country
POIK



10282004 REIN-P CR2E098 (6/04)

4. FEI Number
56-2419852

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FANIEL, DARRELL L
2404 TEMPLE CIR
HAINE CITY, FL 33844

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

Darrell Faniel
(NOTE: Registered Agent signature required when reinstating)

11/12/04
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
FANIEL, DARRELL L
2404 TEMPLE CIR.
HAINE CITY, FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
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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
500043042985 ☐ Change ☐ Addition
11/29/04--01058--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500043042965 ☐ Change ☐ Addition
11/29/04--01058--013 **9.00

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

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

TITLE
NAME
STREET ADDRESS
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: Darrell Faniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04 (863) 557-0934
Date Daytime Phone #

12/1/04