

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000138277

1. Corporation Name

Faniel Concrete & Layout

000133224900
07/21/08--01053--019 **458.75

REINSTATEMENT
ORZ081 (12/07) 0608

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

411 Barlyn Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

411 Barlyn Ave.

Suite, Apt. #, etc.

City & State

Haines City, Fl.

City & State

Haines City, Fl.

Zip

33844

Country

Polk

Zip

33844

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/03

5. FEI Number
562419852

☒ 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

Cutina Faniel

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

411 Barlyn Ave.

Suite, Apt. #, Etc.

City

Haines City Fl.

State

FL

Zip Code

33844

☒ 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

Cutina Faniel

Date 7/16/08

REGISTERED AGENT MUST SIGN

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	Darrell L. Faniel Sr.	411 Barlyn Ave.	Haines City, Fl. 33844
S	Cutina L. Faniel	411 Barlyn Ave.	Haines City, Fl. 33844

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:

Darrell L. Faniel Sr.

Darrell L. Faniel Sr.

7/16/08

863-557-0934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED JUL 21 2008