

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000140141

1. Entity Name
CONCRETE PUMPING BY SAM, INC



FILED

05 JAN 18 PM 4:16

SECRETARY OF STATE
REINSTATEMENT 05



Principal Place of Business
215 AVE A
WAVERLY, FL 33877

Mailing Address
215 AVE A
WAVERLY, FL 33877

2. Principal Place of Business

3. Mailing Address
P.O. Box 752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Waverly FL

Zip

Country

Zip
33877

Country

01072005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0497361 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, SAMUEL
215 AVE A
WAVERLY, FL 33877

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 See below
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 P
NAME SWEET, SAMUEL
STREET ADDRESS 215 AVE A
CITY-ST-ZIP WINTER HAVEN, FL 33877

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP
100044241061
01/06/05--01049--004 ***308.75

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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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: Samuel A
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-14-05