

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000146292

1. Corporation Name

Jenkins Concrete Specialist, Inc.

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

561 NW 35 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33311

Country

USA

Zip

33311

Country

7. Name and Address of Current Registered Agent

Name

Ulysses Jenkins

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

561 NW 35 Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-9-08

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
Pres	Ulysses Jenkins	561 NW 35 Ave	Ft Lauderdale, FL 33311
VP	Ulysses Jenkins	561 NW 35 Avenue	Ft. Lauderdale, FL 33311
Sec	Mary Jenkins	561 NW 35 Avenue	Ft Lauderdale, FL 33311
Trea	Ulysses Jenkins	561 NW 35 Avenue	Ft. Lauderdale, FL 33311

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-08

Daytime Phone #

FILED

08 JAN 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400117605154
02/08/08--01020--022 **600.00

REINSTATEMENT 06-08
GRZE081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12-05-03

5. FEI Number

20-0455054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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.