

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 26 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000001814**

1. Corporation Name

**PETRONE CONCRETE INC.**

**REINSTATEMENT**

CR2E081 (12/05)

2. Principal Office Address

**35 BOBCAT LANE**

Suite, Apt. #, etc.

3. Mailing Office Address

**35 BOBCAT LANE**

Suite, Apt. #, etc.

City & State

**OSTEEN FL.**

City & State

**OSTEEN FL.**

Zip

**32764**

Country

**USA**

Zip

**32764**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/30/03**

5. FEI Number

**200686935**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**ALFRED F. PETRONE**

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

**1280 BISCAYNE BLVD.**

Suite, Apt. #, Etc.

City

**DELAND**

State

**FL**

Zip Code

**32724**

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

*Alfred F. Petrone*  
REGISTERED AGENT MUST SIGN

Date **9/25/06**

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
<b>P</b>	<b>DAVID PETRONE</b>	<b>35 BOBCAT LANE</b>	<b>OSTEEN FL 32764</b>
<b>T</b>	<b>"</b>	<b>"</b>	<b>"</b>
<b>S</b>	<b>"</b>	<b>"</b>	<b>"</b>
<b>VP</b>	<b>"</b>	<b>"</b>	<b>"</b>

700080226297  
09/27/06--01052--009 \*\*308.75

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:

*Alfred F. Petrone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9 25 06**

Date

Daytime Phone #

2/2  
**September 25, 2006**

**To Florida Division of Corporations**

**To Whom It May Concern:**

**I am requesting the reinstatement of my corporation.**

**Petrone Concrete Inc.**

**I ask the reinstatement Fee be waived. I did not receive 2005  
~~the~~ annual report notice. Enclosed please find check in the amount  
of \$308.75 to cover required cost for Annual Report Fee and Cert.  
of status.**

**Thank You,**

  
**David Petrone**