

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006827

1. Entity Name
P.C. CONCRETE SERVICES, INC.



FILED

05 OCT 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
219 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34984 US

Mailing Address
219 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34984 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102005

REIN-P

CR2E098 (6/04)

4. FEI Number

27-0090940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBY, PATRICK
219 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34984

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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
CORBY, PATRICK
219 SW BRIDGEPORT DRIVE
PORT ST. LUCIE, FL 34984

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

07-28-05 90004 020 \$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/05 772 216-5168

P.C. Concrete Services, Inc.
219 S. W. Bridgeport Drive
Port St. Lucie, FL 34953-7112
(772) 336-3958
(772) 398-9213 Fax

October 10, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Upon receiving a notice of dissolution from your office today, I called and was told that the payment of the fee (check #1524) was being held but the form had been returned for signatures. We did not receive your notice requesting a signature and did not learn anything further until this notice was received.

As your office instructed us; enclosed is the signed form and we request that our corporation be reinstated and the funds you are holding be applied. If we can be of any further assistance in rectifying this matter, please call.

Sincerely,

Patrick Corby
President