


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006827		
1. Entity Name P.C. CONCRETE SERVICES, INC.		

FILED

08 JUN 27 AM 7:57

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
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2. Principal Place of Business - No P.O. Box # 11505 N.E. 51st Ct Suite, Apt. #, etc.	3. Mailing Address 11505 N.E. 51st Ct Suite, Apt. #, etc.
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REINSTATEMENT 07-08
06/23/08 REINST 02 E098 (1/07)

City & State Okeechobee FL	City & State Okeechobee FL	4. FEI Number 27-0090940	Not Applicable
Zip 34972	Country Okeechobee	Zip 34972	Country Okeechobee

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 Cooby, Patrick Street Address (P.O. Box Number is Not Acceptable) 11505 N.E. 51st Ct City Okeechobee FL Zip Code 34972	
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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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CORBY, PATRICK 219 SW BRIDGEPORT DRIVE PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Cooby, Patrick 11505 N.E. 51st Ct Okeechobee FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600132073646 07/02/08--01013--015 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

6/23/08 772-216-5168