

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -4 PM 12:07

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000020201

1. Corporation Name

AAA Concrete Asphalt + Soil Co

2. Principal Office Address

4812 Polo Court

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32818

Country

USA

3. Mailing Office Address

4812 Polo Court

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32818

Country

USA

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01-29-2004

5. FEI Number

20-0693873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARTHUR D SHERMAN

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

4812 Polo Court

Suite, Apt. #, Etc.

City

ORLANDO FL 32818

State

FL

Zip Code

32818

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

Arthur D Sherman

Date

REGISTERED AGENT MUST SIGN

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
P	ARTHUR D SHERMAN	4812 Polo Court	ORLANDO FL 32818
	<u>94/6</u>		

600070801816
04/18/06--01038--005 **300.00

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:

Arthur D Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR D SHERMAN

03-24-06

Date

Daytime Phone #