

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG 15 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PDH000056310

1. Corporation Name

LUCKY CONCRETE CONSTRUCTION INC

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

2358 HARVARD AV

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

FORT MYERS

City & State

F

Zip

33907

Country

FL

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

SAINT LUC LORDEUS

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

2358 HARVARD AVE

Suite, Apt. #, etc.

City

FORT MYERS

State

FL

Zip Code

33907

500263337035
08/15/14--01028--003 **1650.00

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

Saint Luc Lordens

Date 08-12-14

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
<u>PRES</u>	<u>Saint Luc Lordens</u>	<u>2358 HARVARD AVE</u>	<u>FT MYERS FL 33907</u>

10. E-mail Address: TAXMASTER2007@AOL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 12 2014

Date

Daytime Phone #