

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 21 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400137122664
10/21/08--01015--006 **300.00

DOCUMENT # P040000 71643

1. Corporation Name

ADVANCE Concrete Pumping of
Ocala, INC.

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

13616 SE 45th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 249

Suite, Apt. #, etc.

City & State

Sumnerfield, FL

Zip
34491

Country

City & State

Bellevue, FL

Zip
34421

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/1/2004

5. FEI Number

593639341

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
KENNETH. PATERNITI

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

13616 SE 45th Ct

Suite, Apt. #, Etc.

City
Sumnerfield

State
FL

Zip Code
34491

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/20/08

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
President	Ken PATERNITI	13616 SE 45th Ct	Sumnerfield, FL 34491

REINSTATEMENT
07-08
PSS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-2667021
Daytime Phone #