

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:40

DOCUMENT # P04000085928

1. Corporation Name

ATD Precast, Inc.

REINSTATEMENT

65-06

CR2E081 (12/05)

2. Principal Office Address

11524 108th P.I.N.

Suite, Apt. #, etc.

3. Mailing Office Address

11524 108th P.I.N.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33778

Country

USA

Zip

33778

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

201194907

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

John Melucci

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

11524 108th P.I.N.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33778

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

John Melucci

REGISTERED AGENT MUST SIGN

Date 11-30-06

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	John Melucci	11524 108th P.I.N.	Largo, FL 33778

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:

John Melucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/06 727-2148745
Date Daytime Phone #

2042

11524 108th Place North
Largo, FL 33778
December 1, 2006
RE: Document # P04000085928

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

To Whom It May Concern:

We did not receive any notification of reinstatement of our corporation or annual report notices in 2005 or 2006. We request that the reinstatement fees be waived and have enclosed a check for \$300 along with the Corporation Reinstatement form. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John M.", followed by a long horizontal flourish.

John Melucci
President
ATD Precast, Inc.
Enclosures (2)