

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000101422

1. Corporation Name

Claire's Concrete Construction, Inc.

2. Principal Office Address

425 S. Chickasaw Tr.

Suite, Apt. #, etc.

115

City & State

Orlando FL 32825

Zip

32825

Country

USA

3. Mailing Office Address

425 S. Chickasaw Tr.

Suite, Apt. #, etc.

115

City & State

Orlando FL

Zip

32825

Country

USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/2004

5. FEI Number

41-2143463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Blair T. Jackson, P.A.

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

1501 E. Concord St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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 X

REGISTERED AGENT MUST SIGN

Date

6/24/06

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
<u>P/S</u> <u>-T</u>	<u>Claire Alderman</u>	<u>425 S. Chickasaw Tr.</u> <u># 115</u>	<u>Orlando, FL 32825</u>

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:

Claire Alderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/06
B. Mitchell

321-436-7116
JUN 30 2006