

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR 22 AM 11:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name *Best Bet Concrete Pumping, Inc.*
P04 000 157 919

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

13420 Boney Rd
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip Country

32226 Duval

Zip Country

7. Name and Address of Current Registered Agent

Name *Robert E Wahl*

Street Address (P.O. Box Number is Not Acceptable)
13420 Boney Rd

Suite, Apt. #, Etc.

City *Jacksonville*

State *FL*

Zip Code *32226*

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 *[Signature]*

REGISTERED AGENT MUST SIGN

Date *3/31/14*

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
<i>P</i>	<i>Robert Wahl</i>	<i>13420 Boney Rd</i>	<i>Jacksonville FL 32226</i>
<i>S</i>	<i>Sonja Blocker</i>	<i>9107 Lowery St</i>	<i>Jacksonville, FL 32226</i>

10. E-mail Address: *jeanne4767@gmail.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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/14 *904-509-8830*

Date Daytime Phone #

La. 4/24/14