

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000042191

1. Entity Name
PRO FINISH CONCRETE PUMPING, INC.



FILED

07 APR 20 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5550 NW 44TH STREET
TAMARAC, FL 33319

Mailing Address
5550 NW 44TH STREET
TAMARAC, FL 33319

2. Principal Place of Business - No P.O. Box #
8255 W SUNRISE
Blvd # 187

3. Mailing Address
8255 W SUNRISE
Blvd # 187

City & State
Plantation
Zip 33322 Country FL

City & State
Plantation
Zip 33322 Country FL



REINSTATEMENT 06-07
02162007 REIN-P CR2009811/07

4. FEI Number
20-2399609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANTILOUPE, GAVIL
5550 NW 44TH STREET
TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *G. Chantiloupe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-07

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME *Vice President*
STREET ADDRESS *Walton Chantiloupe*
CITY-ST-ZIP *8255 W Sunrise Blvd #187 Plantation FL 33322*

TITLE ☐ Delete
NAME *Lolita Rancure*
STREET ADDRESS *8255 W Sunrise Blvd #187 Plantation FL 33322*
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Gavil Chantiloupe*
STREET ADDRESS *8255 W Sunrise Blvd #187 Plantation FL 33322*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walton Chantiloupe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07

Date

Daytime Phone #